Nevada City Hospital d/b/a Nevada Regional Medical Center, A Component Unit of the City of Nevada, Missouri

Independent Auditor's Report and Financial Statements

June 30, 2024 and 2023

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Independent Auditor's Report

Board of Directors Nevada City Hospital d/b/a Nevada Regional Medical Center Nevada. Missouri

Opinion

We have audited the financial statements of Nevada City Hospital, d/b/a Nevada Regional Medical Center (the "Medical Center"), a component unit of the City of Nevada, Missouri, as of and for the years ended June 30, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Nevada City Hospital, d/b/a Nevada Regional Medical Center, a component unit of the City of Nevada, Missouri, as June 30, 2024 and 2023, and the changes in its 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 Nevada City Hospital, d/b/a Nevada Regional Medical Center, 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 Medical Center's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming the Medical Center will continue as a going concern. As discussed in *Note 17* to the financial statements, the Medical Center has suffered recurring losses from operations and has a decrease in liquidity and has stated that substantial doubt exists about the Medical Center's ability 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 17*. 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 Nevada City Hospital, d/b/a Nevada Regional Medical Center's, ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing an
 opinion on the effectiveness of the Medical Center's internal control. Accordingly, no such opinion
 is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Medical Center'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 management's discussion and analysis and pension information, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Medical Center's basic financial statements. The accompanying supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied by us in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Forvis Mazars, LLP

Springfield, Missouri January 28, 2025 Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Management's Discussion and Analysis Years Ended June 30, 2024 and 2023

Introduction

This management's discussion and analysis of the financial performance of Nevada City Hospital, d/b/a Nevada Regional Medical Center (the "Medical Center"), provides an overview of the Medical Center's financial activities for the years ended June 30, 2024 and 2023. It should be read in conjunction with the accompanying financial statements of the Medical Center.

Financial Highlights

- Total unrestricted cash decreased by \$873,647 and \$4,953,998 in 2024 and 2023, respectively.
- The Medical Center reported operating losses of \$3,818,786 and \$1,090,386 in 2024 and 2023, respectively.

Using This Annual Report

The Medical Center's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses, and changes in net position; and a statement of cash flows. These statements provide information about the activities of the Medical Center, including resources held by the Medical Center but restricted for specific purposes by creditors, contributors, grantors, or enabling legislation. The Medical Center is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The Balance Sheet and Statement of Revenues, Expenses, and Changes in Net Position

One of the most important questions asked about any hospital's finances is "Is the hospital as a whole better or worse off as a result of the year's activities?" The balance sheet and the statement of revenues, expenses, and changes in net position report information about the Medical Center's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Medical Center's net position and changes in it. The Medical Center's total net position—the difference between assets, liabilities, and deferred inflows and outflows of resources—is one measure of the Medical Center's financial health or financial position. Over time, increases or decreases in the Medical Center's net position are an indicator of whether its financial health is improving or deteriorating.

Other nonfinancial factors, such as changes in the Medical Center's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients, and local economic factors should also be considered to assess the overall financial health of the Medical Center.

The Statement of Cash Flows

The statement of cash flows reports cash receipts, cash payments, and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for, and what was the change in cash and cash equivalents during the reporting period.

The Medical Center's Net Position

The Medical Center's net position is the difference between its assets, liabilities, and deferred inflows and outflows of resources reported in the Balance Sheet. The Medical Center's net position increased by \$185,005 in 2024 and 2023, and decreased by \$649,433 in 2023 over 2022, as shown in Table 1.

	2024	2023	2022
Assets			
Cash	\$ 1,705,229	\$ 2,578,876	\$ 7,532,874
Patient and other accounts receivable, net	6,382,049	4,278,902	4,502,912
Other current assets	7,715,171	5,803,649	3,832,976
Capital assets, net	8,713,512	9,717,257	9,430,049
Net pension asset	9,062,293	8,820,738	9,192,971
Other noncurrent assets	4,385,548	4,417,436	5,389,622
Total assets	37,963,802	35,616,858	39,881,404
Deferred Outflows of Resources	2,865,352	2,713,584	2,702,809
Total assets and deferred outflows			
of resources	\$ 40,829,154	\$ 38,330,442	\$ 42,584,213
Liabilities			
Long-term liabilities	\$ 4,641,582	\$ 12,798,951	\$ 13,625,052
Current liabilities	22,468,741	11,605,358	14,426,132
Total liabilities	27,110,323	24,404,309	28,051,184
Deferred Inflows of Resources	1,782,178	2,174,485	2,131,948
Net Position			
Net investment in capital assets	(767,043)	(781,010)	(819,748)
Restricted expendable	9,873,223	9,621,778	9,949,592
Unrestricted	2,830,473	2,910,880	3,271,237
Total net position	11,936,653	11,751,648	12,401,081
Total liabilities, deferred inflows of			
resources, and net position	\$ 40,829,154	\$ 38,330,442	\$ 42,584,213

A significant change in the Medical Center's assets in 2024 and 2023 is the decrease in cash, due to operating losses, scheduled repayments of debt and other obligations, and other working capital changes. Subscription assets and liabilities increased during 2024 due to a new information technology system implemented in July 2023. Current maturities of long-term debt increased in 2024 due to debt being reclassified. The decrease in cash combined with recurring operating losses in recent years contributed to going concern modification in 2024.

Operating Results and Changes in the Medical Center's Net Position

The Medical Center's net position increased by \$185,005 in 2024, and decreased by \$649,433 in 2023, as shown in Table 2.

	2024	2023	2022
Operating Revenues			
Net patient service revenue	\$ 38,510,735	\$ 42,410,750	\$ 40,728,831
Other operating revenues	3,580,092	3,740,204	1,661,200
Total operating revenues	42,090,827	46,150,954	42,390,031
Operating Expenses			
Nursing services	8,708,645	8,820,284	9,897,151
Other professional services	21,549,030	20,180,107	19,801,385
General services	2,963,027	2,975,751	3,144,175
Administrative services	9,637,181	12,287,806	11,402,457
Depreciation and amortization	3,051,730	2,977,392	2,777,722
Total operating expenses	45,909,613	47,241,340	47,022,890
Operating Loss	(3,818,786)	(1,090,386)	(4,632,859)
Nonoperating Revenues (Expenses)			
Contributions	76,170	82,814	9,781
Gain (loss) on sale of capital assets	(847)	65,989	(35,616)
Gain on debt extinguishment - PPP loan	-	-	3,000,000
Investment income	748,775	72,871	29,096
Sales tax revenue	1,126,500	1,053,651	978,493
Interest expense	(978,337)	(834,372)	(704,159)
COVID relief revenue	3,031,530		2,667,918
Total nonoperating revenues			
(expenses)	4,003,791	440,953	5,945,513
Increase (Decrease) in Net Position	\$ 185,005	\$ (649,433)	\$ 1,312,654

Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Management's Discussion and Analysis Years Ended June 30, 2024 and 2023

Operating Loss

The first component of the overall change in the Medical Center's net position is its operating loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services.

The operating results for 2024 decreased \$2,728,400 compared to 2023. A decrease in operating revenues of \$4,060,127 was partially offset by a \$1,331,727 decrease in operating expenses.

The operating results for 2023 increased by \$3,542,473 compared to 2022. An increase in operating revenues of \$3,760,923 compared to the prior year was partially offset by the \$218,450 increase in operating expenses. During 2023, the Medical Center implemented several changes to reduce operating expenses and improve overall operating results.

Increase (Decrease) in Net Position, Nonoperating Revenues, and Expenses

During 2024, overall results improved by \$834,438. Nonoperating revenues increased \$3,562,838 from 2023. An increase of \$3,031,530 in FEMA revenue and higher investment income were the primary causes for the increase.

During 2023, overall results declined from 2022 by \$1,962,087. Nonoperating revenues decreased \$5,504,560 from 2023. A decrease of \$5,667,918 in COVID relief revenue and PPP loan forgiveness was the primary cause for the decrease in nonoperating amounts.

Other nonoperating revenues and expenses consisted of contributions, investment income, interest expense on debt, and capital grants and gifts. Amounts were consistent between 2022, 2023, and 2024.

The Medical Center's Cash Flows

Changes in the Medical Center's cash flows are consistent with the timing of federal funding received in 2024 and 2023, changes in patient accounts receivable, deferred revenue, operating results, and nonoperating revenues and expenses discussed earlier.

Capital Asset and Debt Administration

Capital Assets

At June 30, 2024 and 2023, the Medical Center had approximately \$8.7 million and \$9.7 million, respectively, invested in capital assets, net of accumulated depreciation, as detailed in *Note* 6 to the financial statements.

Debt

At June 30, 2024 and 2023, the Medical Center had approximately \$14.4 million and \$14.8 million, respectively, in long-term debt, as detailed in *Note 9* to the financial statements. Current debt increased to \$12.6 million in 2024, compared to \$2.9 million in 2023, due to an event of default notice received in fiscal 2024.

Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Management's Discussion and Analysis Years Ended June 30, 2024 and 2023

COVID-19

In recent years, the Medical Center's operations were significantly impacted by the COVID-19 outbreak and, as a result, the Medical Center began seeing a significant volatility in inpatient and outpatient volume, and more recently, an inflationary environment. Refer to *Note 2* in the notes to the financial statements for additional information on the financial impacts of COVID-19.

Contacting the Medical Center's Financial Management

This financial report is designed to provide our patients, suppliers, and creditors with a general overview of the Medical Center's finances and to show the Medical Center's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to Medical Center administration by telephoning 417.667.3355.

Assets and Deferred Outflows of Resources

	2024	2023
Current Assets		
Cash	\$ 1,705,229	\$ 2,578,876
Restricted cash and investments – current	2,316,673	801,040
Patient and other accounts receivable, net of allowance;		
2024 - \$12,046,423; 2023 - \$7,249,865	6,382,049	4,278,902
Estimated amounts due from third-party payors	592,000	615,292
Due from related party Supplies	1,457,666 719,893	1,413,379 821,845
Prepaid expenses and other	2,628,939	2,152,093
Tropala expenses and earer	2,020,000	2,102,000
Total current assets	15,802,449	12,661,427
Noncurrent Cash and Investments Restricted		
Held by trustee for debt service	2,316,673	2,316,881
Less amount required to meet current obligations	2,316,673	801,040
	-	1,515,841
Held by Foundation	449,965	469,524
	449,965	1,985,365
Capital Assets, Net	8,713,512	9,717,257
Lease Assets, Net	1,124,295	1,346,641
Subscription Assets, Net	2,661,161	914,596
Other Assets	150,127	170,834
Net Pension Asset	9,062,293	8,820,738
Total assets	37,963,802	35,616,858
Deferred Outflows of Resources		
Debt refunding	748,058	851,239
Pension plan	2,117,294	1,862,345
Total deferred outflows of resources	2,865,352	2,713,584
Total assets and deferred outflows of resources	\$ 40,829,154	\$ 38,330,442

Liabilities, Deferred Inflows of Resources, and Net Position

	2024	2023
Current Liabilities		
Current maturities of long-term debt	\$ 12,586,930	\$ 2,893,994
Accounts payable	5,260,233	3,100,098
Accrued payroll and payroll taxes	598,434	540,982
Current maturities of lease liabilities	530,048	412,673
Current maturities of subscription liabilities	436,528	841,800
Accrued vacation pay	1,131,365	887,361
Accrued expenses	744,844	459,119
Accrued interest payable	108,225	119,197
Estimated amounts due to third-party payors	992,000	2,270,000
Funds held for others	80,134	80,134
Total current liabilities	22,468,741	11,605,358
Long-Term Debt	1,797,652	11,916,991
Subscription Liabilities	2,299,617	123,442
Lease Liabilities	544,313	758,518
Total liabilities	27,110,323	24,404,309
Deferred Inflows of Resources - Pension Plan	1,782,178	2,174,485
Net Position		
Net investment in capital assets Restricted – expendable for	(767,043)	(781,010)
Debt service	810,930	801,040
Pension benefits	9,062,293	8,820,738
Unrestricted	2,830,473	2,910,880
Total net position	11,936,653	11,751,648
Total liabilities, deferred inflows of resources,		
and net position	\$ 40,829,154	\$ 38,330,442

Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Statements of Revenues, Expenses, and Change in Net Position Years Ended June 30, 2024 and 2023

	2024	2023
Operating Revenues		
Net patient service revenue, net of provision for uncollectible		
accounts; 2024 - \$12,091,577, 2023 - \$4,554,405	\$ 38,510,735	\$ 42,410,750
Other	3,580,092	3,740,204
Total operating revenues	42,090,827	46,150,954
Operating Expenses		
Nursing services	8,708,645	8,820,284
Other professional services	21,549,030	20,180,107
General services	2,963,027	2,975,751
Administrative services	9,637,181	12,287,806
Depreciation and amortization	3,051,730	2,977,392
Total operating expenses	45,909,613	47,241,340
Operating Loss	(3,818,786)	(1,090,386)
Nonoperating Revenues (Expenses)		
Contributions	76,170	82,814
Gain (loss) on sale of capital assets	(847)	65,989
Investment income	748,775	72,871
Sales tax revenue	1,126,500	1,053,651
Interest expense	(978,337)	(834,372)
COVID relief revenue	3,031,530	
Total nonoperating revenues (expenses)	4,003,791	440,953
Increase (Decrease) in Net Position	185,005	(649,433)
Net Position, Beginning of Year	11,751,648	12,401,081
Net Position, End of Year	\$ 11,936,653	\$ 11,751,648

	2024	2023
Operating Activities		
Receipts from and on behalf of patients	\$ 35,152,880	\$ 40,685,658
Payments to suppliers and contractors	(16,026,235)	(20,695,005)
Payments to and on behalf of employees	(25,348,037)	(25,344,614)
Other receipts, net	3,535,805	2,933,293
Net cash used in operating activities	(2,685,587)	(2,420,668)
Noncapital Financing Activities		
Sales tax revenue	1,126,500	1,053,651
Proceeds from issuance of long-term debt	800,000	-
COVID relief revenue	3,031,530	-
Contributions	76,170	82,814
Net cash provided by noncapital financing activities	5,034,200	1,136,465
Capital and Related Financing Activities		
Principal payments on long-term debt	(1,226,403)	(1,142,676)
Interest paid on long-term debt	(546,841)	(560,425)
Purchase of capital assets	(279,495)	(574,005)
Principal paid on lease and subscription liabilities	(1,619,483)	(1,251,450)
Interest paid on lease and subscription liabilities	(318,580)	(160,738)
Net cash used in capital and related financing activities	(3,990,802)	(3,689,294)
Investing Activities		
Proceeds from disposition of investments	768,542	19,499
Net cash provided by investing activities	768,542	19,499
Decrease in Cash	(873,647)	(4,953,998)
Cash, Beginning of Year	2,578,876	7,532,874
Cash, End of Year	\$ 1,705,229	\$ 2,578,876

Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Statements of Cash Flows Years Ended June 30, 2024 and 2023

	2024	2023
Reconciliation of Operating Loss to Net Cash		
Used In Operating Activities		
Operating loss	\$ (3,818,786)	\$ (1,090,386)
Depreciation and amortization	3,051,730	2,977,392
Changes in operating assets and liabilities		
Patient accounts receivable, net and other receivables	(2,103,147)	224,010
Supplies	101,952	116,148
Prepaid expenses and other assets	(521,133)	(2,200,866)
Pension - Deferred inflows, outflows and pension asset	(888,811)	300,814
Estimated amounts due from and to third-party payors	(1,254,708)	(1,371,536)
Medicare accelerated payments	· -	(577,566)
Accounts payable, accrued expenses, and other liabilities	2,747,316	(798,678)
Net cash used in operating activities	\$ (2,685,587)	\$ (2,420,668)
Supplemental Cash Flows Information		
Lease obligation incurred for lease assets	\$ 357,461	\$ 199,430
Note payable incurred for property and equipment	\$ -	\$ 1,424,940
Subscription assets acquired with subscription liabilities	\$ 2,936,095	\$ 54,259
Interest paid	\$ 865,421	\$ 721,163

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

Nature of Operations and Reporting Entity

Nevada City Hospital, d/b/a Nevada Regional Medical Center (the "Medical Center"), is a component unit of the City of Nevada, Missouri, which owns and operates an acute care hospital in Nevada, Missouri. The Medical Center primarily earns revenue by providing inpatient, outpatient, and emergency care services to patients in Nevada, Missouri, and the surrounding area. The Medical Center also operates a psychiatric unit and provides physician clinic services in the same geographic area.

As required by accounting principles generally accepted in the United States of America, these financial statements present the Medical Center and its component units, entities for which the Medical Center is considered to be financially accountable.

The determination of financial accountability includes consideration of a number of criteria, including: (1) the Medical Center's ability to appoint a voting majority of another entity's governing body and to impose its will on that entity, (2) the potential for that entity to provide specific financial benefits to or impose specific financial burdens on the Medical Center, and (3) that entity's fiscal dependency on the Medical Center.

The Nevada Regional Medical Center Foundation, Inc. (Foundation) is included in the Medical Center's financial statements as a component unit. The Foundation is a legally separate not-for-profit entity that is, in substance, a part of the Medical Center's operations. It is organized exclusively to benefit the Medical Center by raising charitable contributions on behalf of and holding the proceeds thereof for the Medical Center. Board members include the Medical Center's chief executive officer, a member of the Medical Center's Board of Directors, a member of the Nevada Regional Medical Center Auxiliary, and between 15 and 19 elected members who are nominated by an appointed nominating committee.

Data of the Foundation is combined with data of the Medical Center for financial reporting purposes using the blending method. Transactions between the Medical Center and the Foundation are eliminated in combination.

Separate financial statements of the Foundation can be obtained by calling 417.667.3355 or writing to Nevada Regional Medical Center Foundation, 800 South Ash, Nevada, Missouri 64772.

Basis of Accounting and Presentation

The financial statements of the Medical Center 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 and program-specific, government-mandated, or voluntary nonexchange transactions. Government-mandated or voluntary nonexchange transactions that are not program specific, investment income, and interest on capital assets related debt are included in nonoperating revenues and expenses. The Medical Center 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.

Sales Tax Revenue

The Medical Center began receiving sales tax revenues from the City of Nevada in April 2020. The Medical Center recognized \$1,126,550 and \$1,053,651 for the years ended June 30, 2024 and 2023, respectively. The sales tax will terminate when the Series 2007 bonds are retired or can be terminated by the Nevada City Council.

Risk Management

The Medical Center is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; and natural disasters. 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 Medical Center is self-insured for a portion of its exposure to risk of loss from employee health claims. The Medical Center self-insures against these claims (see *Note 8*). Annual estimated provisions are accrued for the self-insured portion of the claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Investments and Investment Income

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

Investment income includes dividend and interest income, realized gains and losses on investments carried at other than fair value, and the net change for the year in the fair value of investments carried at fair value.

Patient Accounts Receivable

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

Supplies

Supply inventories are valued 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. Leasehold improvements 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 Medical Center:

Land and land improvements 15 to 20 years Buildings 20 to 40 years Equipment 3 to 10 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 in 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, and certain prepayments made 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 Medical Center 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 assets 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, either accumulated depreciation is increased by the amount of the impairment loss or the capital asset historical cost and related accumulated depreciation are decreased proportionately such that the net decrease equals the impairment loss.

No asset impairment was recognized during the years ended June 30, 2024 and 2023.

Deferred Outflows of Resources

The Medical Center 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 sheet.

Compensated Absences

Medical Center policies permit most employees to accumulate vacation, holiday, personal, and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as benefits are 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 and retirement computed using rates in effect at that date.

Defined Benefit Pension Plan

The Medical Center provides pension benefits to its employees through an agent multiple-employer defined benefit pension plan. For purposes of measuring the net pension asset, deferred outflows of resources and deferred inflows of resources related to pensions and pension expense, information about the fiduciary net position of the Missouri Local Government Employees Retirement System (LAGERS), and additions to/deductions from LAGERS fiduciary net position have been determined on the same basis as they are reported by LAGERS. 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.

Deferred Inflows of Resources

The Medical Center reports an acquisition of net position that is applicable to a future reporting period as deferred inflows of resources in a separate section of its balance sheets.

Net Position

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

- Net investment in capital assets consists of capital, subscription and lease assets net of accumulated depreciation and amortization and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets.
- Restricted expendable net position is made up of noncapital assets that must be used for a
 particular purpose, as specified by creditors, grantors, or contributors external to the Medical
 Center, including amounts deposited with trustees as required by bond indentures, reduced by
 the outstanding balances of any related borrowings and pension benefits.
- 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 Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, 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. Net patient service revenue increased approximately \$700,000 in 2023 respectively, due to differences in actual collections compared to amounts previously estimated.

Charity Care

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

Income Taxes

As an essential government function of the County, the Medical Center is generally exempt from federal and state income taxes under applicable sections of the Internal Revenue Code and a similar provision of state law. However, the Medical Center is subject to federal income tax on any unrelated business taxable income.

340B Drug Pricing Program

The Medical Center participates in the 340B Drug Pricing Program (340B Program) which provides discounted prices from drug manufacturers on outpatient pharmaceutical purchases. The 340B Program is overseen by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). HRSA is currently conducting routine audits at participating 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. Revenue from the 340B Program was approximately \$1,862,000 and \$2,476,000 in 2024 and 2023, respectively, and included in other operating revenues.

Note 2. COVID-19 Pandemic and Provider Relief Fund Revenue

On March 11, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

The Hospital has taken precautionary steps to enhance its operational and financial flexibility and react to the risks the COVID-19 pandemic presents to its business.

The extent of the COVID-19 pandemic's adverse effect on the Hospital's operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond the Hospital's control and ability to forecast.

Because of these and other uncertainties, the Hospital cannot estimate the length or severity of the effect of the pandemic on the Hospital's business. Decreases in cash flows and results of operations may have an effect on the inputs and assumptions used in significant accounting estimates, including estimated bad debts and contractual adjustments related to uninsured and other patient accounts.

CARES Act

On March 27, 2020, the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) was signed into law. The following summarizes significant CARES Act programs impacting the Medical Center.

Provider Relief Funds

The Medical Center received \$12,610,100 in federal and other grants from the CARES Act Provider Relief Fund distributions through June 30, 2022. These funds are treated as conditional contributions and included in nonoperating revenue in the statements of revenues, expenses, and changes in net position as the terms and conditions of the contributions are met.

The Medical Center will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the impact of the pandemic on the Medical Center's revenues and expenses. The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the Medical Center is unable to attest to or comply with current or future terms and conditions, the Medical Center's ability to retain some or all of the distributions received may be impacted.

Medicare Accelerated and Advanced Payment Program

During the year ended June 30, 2020, the Medical Center requested accelerated Medicare payments of \$2,744,222 as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. Accelerated payments received are required to be repaid, based on current enacted legislation, and are included in current liabilities in the accompanying financial statements. During the years ended June 30, 2024 and 2023, the Medical Center repaid \$0 and \$577,566 of the accelerated payments, respectively. There is no remaining balance due for Medicare accelerated payments at June 30, 2024.

Federal Emergency Management Agency (FEMA) Public Assistance

During the year ended June 30,2024, the Medical Center was obligated and received approximately \$2,780,000 of funding to reimburse for eligible costs under the FEMA COVID-19 Public Assistance Program. These amounts obligated are included in nonoperating revenue – COVID relief revenue on the statement of revenues, expenses, and changes in net position.

These obligations from FEMA were received based on project applications for reimbursement of eligible COVID-19 costs and are not expected to be subject to repayment, provided the Medical Center is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the amounts received do not duplicate assistance received by any other parties. In October 2022, FEMA issued clarifying guidance with respect to its COVID-19 patient care revenue duplication of benefits policy introducing a risk-based approach to their audits of these projects bringing additional scrutiny to these payments. The Medical Center will continue to monitor compliance with the terms and conditions of the FEMA payments, and the effect of the pandemic on the Medical Center's expenses. The terms and conditions governing FEMA payments are complex and subject to interpretation and change. If the Medical Center is unable to attest to or comply with current or future terms and conditions, the Medical Center's ability to retain some or all of the distributions received may be impacted. Additionally, FEMA payments are subject to government oversight, including potential audits.

Note 3. Net Patient Service Revenue

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

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. Swing bed services are paid at prospectively determined per diem rates that are based on the patients' acuity. The Medical Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare administrative contractor. Effective March 7, 2019, the Medical Center was designated as a sole-community hospital.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed based on prospectively established rates.

The Medical Center receives reimbursement from the Medicaid program in relation to the percentage of Medicaid and indigent population they serve. Funding received in excess of costs to provide these services may be refunded. As of June 30, 2024 and 2023, a liability of approximately \$0 and \$1,550,000, respectively, has been recorded for estimated repayments. The liability as of June 30, 2024 and 2023, is based on four open years of related audits.

Approximately 65 and 58 percent of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2024 and 2023, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

Note 4. Deposits and Investments

Deposits

Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. While the Medical Center does not have a written deposit policy, its practice has been to comply with the provisions of state law with regard to custodial credit risk.

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 Missouri; bonds of any city, county, school district, or special road district of the state of Missouri; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits.

At June 30, 2024 and 2023, none of the Medical Center's bank balances of \$3,046,897 and \$3,101,185, respectively, were exposed to custodial credit risk as uninsured and uncollateralized.

Investments

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

At June 30, 2024 and 2023, the Medical Center had the following investments and maturities:

June	30.	2024
------	-----	------

		Maturities in Years						
Туре	Fair Value	Less Than 1		1-5	6-	10		ore n 10
Money market mutual funds Equity mutual funds	\$ 2,316,773 369,808	\$ 2,316,773 369,808	\$	- -	\$	- -	\$	- -
	\$ 2,686,581	\$ 2,686,581	\$		\$		\$	
		June 30, 2023	}	Maturities	in Yea	rs		

			IVI	aturities	s in rea	rs	
Туре	Fair Value	Less Than 1 1-5		6-	10	ore n 10	
Money market mutual funds Equity mutual funds	\$ 2,316,881 335,381	\$ 2,316,881 335,381	\$	-	\$	-	\$ -
	\$ 2,652,262	\$ 2,652,262	\$	-	\$		\$

Interest Rate Risk

As a means of limiting its exposure to fair value losses arising from rising interest rates, the Medical Center's investment policy limits its investment portfolio to maturities of less than one year. The money market and equity mutual funds are presented as an investment with a maturity of less than one year because they are redeemable in full immediately.

Credit Risk

Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. The Medical Center does not have a written policy addressing credit risk. At June 30, 2024 and 2023, the Medical Center's money market mutual funds, held by its bond trustee, were rated AAA by Standard & Poor's and AAA by Moody's Investors Service, and the equity mutual funds were not rated.

Custodial Credit Risk

For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Medical Center will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. Certain Medical Center investments are held by the counterparties in other than the Medical Center's name.

Concentration of Credit Risk

The Medical Center places no limit on the amount that may be invested in any one issuer. June 30, 2024 and 2023, the Medical Center's investment in one money market fund constituted 86 percent and 87 percent, respectively, of its total investments.

Due to the level of risk associated with certain investment securities, including the underlying securities held by mutual funds, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying balance sheets.

Summary of Carrying Values

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

	2024	2023
Carrying value		
Deposits	\$ 1,785,286	\$ 2,713,019
Investments	2,686,581	2,652,262
	\$ 4,471,867	\$ 5,365,281
Included in the following balance sheet captions		
Cash	\$ 1,705,229	\$ 2,578,876
Restricted cash and investments – current	2,316,673	801,040
Noncurrent cash and investments	449,965	1,985,365
	\$ 4,471,867	\$ 5,365,281

Investment Income

Investment income consisted of interest income in the amounts of \$748,775 and \$72,871 for the years ended June 30, 2024 and 2023, respectively. Investment income in 2024 includes \$698,481 of interest received on late claims.

Note 5. Patient and Other Accounts Receivable

The Medical Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payor agreements. Other receivables include amounts due from physicians and miscellaneous receivables. Accounts receivable at June 30, 2024 and 2023, consisted of:

	2024	2023
Medicare	\$ 4,340,153	\$ 3,160,828
Medicaid	2,919,976	1,870,630
Other third-party payors	4,549,107	4,586,435
Patients	6,619,236	1,905,560
	18,428,472	11,523,453
Less allowance for uncollectible accounts	12,046,423	7,249,865
	6,382,049	4,273,588
Other receivables		5,314
	\$ 6,382,049	\$ 4,278,902

Note 6. Capital, Lease, and Subscription Assets

Capital assets activity for the years ended June 30 was:

			2024		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land and land improvements Buildings Equipment	\$ 1,023,363 31,608,575 20,955,365	\$ - - 265,441	\$ - (13,050) (130,859)	\$ - - -	\$ 1,023,363 31,595,525 21,089,947
Construction in progress	53,587,303	23,625 289,066	(143,909)		23,625 53,732,460
Less accumulated depreciation Land and land improvements Buildings Equipment	336,280 27,272,236 16,261,530 43,870,046	9,820 584,145 688,428 1,282,393	(13,050) (120,441) (133,491)	- - - -	346,100 27,843,331 16,829,517 45,018,948
Capital assets, net	\$ 9,717,257	\$ (993,327)	\$ (10,418)	\$ -	\$ 8,713,512

			2023		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land and land improvements	\$ 1,032,275	\$ -	\$ (8,912)	\$ -	\$ 1,023,363
Buildings	31,859,270	-	(250,695)	-	31,608,575
Equipment	22,372,016	1,930,793	(3,379,958)	32,514	20,955,365
Construction in progress	32,514	-	-	(32,514)	-
	55,296,075	1,930,793	(3,639,565)	-	53,587,303
Less accumulated depreciation					
Land improvements	328,709	9,821	(2,250)	-	336,280
Buildings	26,620,863	895,568	(244,195)	-	27,272,236
Equipment	18,916,454	789,729	(3,444,653)	-	16,261,530
	45,866,026	1,695,118	(3,691,098)		43,870,046
Capital assets, net	\$ 9,430,049	\$ 235,675	\$ 51,533	\$ -	\$ 9,717,257

Construction in progress at June 30, 2024 and 2023, relates to various expansion projects and improvements to hospital facilities, and are being funded through internally generated cash from operations and cash on hand.

Lease assets activity for the years ended June 30 was:

	Beginning Balance	Additions	2024 Disposals	Transfers	Ending Balance
Equipment Less accumulated amortization	\$ 2,367,210 1,020,569	\$ 357,461 579,807	\$ (202,087) (202,087)	\$ -	\$ 2,522,584 1,398,289
Lease assets, net	\$ 1,346,641	\$ (222,346)	\$ -	\$ -	\$ 1,124,295
			2023		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Equipment Less accumulated amortization	\$ 2,167,780 659,774	\$ 199,430 360,795	\$ -	\$ -	\$ 2,367,210 1,020,569
Lease assets, net	\$ 1,508,006	\$ (161,365)	\$ -	\$ -	\$ 1,346,641

Subscription assets activity for the years ended June 30, 2024 and 2023, was:

			2024		
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Subscription assets Less accumulated amortization	\$ 2,580,068 1,665,472	\$ 2,936,095 1,189,530	\$ (2,262,888) (2,262,888)	\$ - -	\$ 3,253,275 592,114
Subscription assets, net	\$ 914,596	\$ 1,746,565	\$ -	\$ -	\$ 2,661,161
	Beginning		2023		Ending
	Balance	Additions	Disposals	Transfers	Balance
Subscription assets Less accumulated amortization	\$ 2,525,809 812,145	\$ 54,259 853,327	\$ - -	\$ -	\$ 2,580,068 1,665,472
Subscription assets, net					

Note 7. Medical Malpractice Claims

The Medical Center purchases medical malpractice insurance under a claims-made policy on a retrospective-rated premium basis. Adjustments of estimated to actual expense, if any, after the policy term, are included in the period such adjustments are determined. 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 incident. Based upon the Medical Center's claim experience, there was no accrual at June 30, 2024 and 2023, respectively. It is reasonably possible that this estimate could change materially in the near term.

Note 8. Employee Health Benefits

The Medical Center maintains self-insurance coverage for employee health benefits. Liabilities include an estimated accrual for the ultimate costs of both reported employee health claims and claims incurred but not reported and are included in accrued expenses in the accompanying financial statements. 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 Medical Center's estimate will change by a material amount in the near term. For the years ended June 30, 2024 and 2023, the Medical Center purchased stop-loss coverage of \$100,000 per employee from a commercial insurer.

Changes in the balance of claims liabilities, which are included in accrued expenses, during the years ended June 30 are summarized as follows:

	2024	2023	2022
Balance, beginning of year	\$ 461,000	\$ 600,000	\$ 300,000
Estimated current year claims incurred	2,161,217	2,657,510	3,571,548
Claims and expenses paid	(1,929,217)	(2,796,510)	(3,271,548)
Balance, end of year	\$ 693,000	\$ 461,000	\$ 600,000

Note 9. Long-Term Obligations

The following is a summary of long-term obligation transactions for the Medical Center for the years ended June 30, 2024 and 2023:

					2024		
		Beginning				Ending	Current
		Balance	Ad	ditions	Deductions	Balance	Portion
Long-Term Debt							·
Series 2007 Hospital							
Refunding and improvement			_				
Revenue bonds	\$	11,000,000	\$	-	\$ 1,045,000	\$ 9,955,000	\$ 9,955,000
Note payable - clinic		1,350,871		-	38,870	1,312,001	75,149
Note payable - forbearance		-		800,000	-	800,000	800,000
Financed purchases		810,114		-	142,533	667,581	106,781
Nursing home loan		1,650,000				1,650,000	1,650,000
Total long-term debt	\$	14,810,985	\$	800,000	\$ 1,226,403	\$ 14,384,582	\$ 12,586,930
					0000		
		Dii			2023	Ending	Current
	I	Beginning	8 al	aliti a ma		Ending	Current
Louis Town Bold		Beginning Balance	Ad	ditions	2023 Deductions	Ending Balance	Current Portion
Long-Term Debt			Ad	ditions		•	
Series 2007 Hospital			Ad	ditions		•	
Series 2007 Hospital Refunding and improvement		Balance		ditions	Deductions	Balance	Portion
Series 2007 Hospital Refunding and improvement Revenue bonds	\$		\$	-	Deductions \$ 1,005,000	Balance \$ 11,000,000	Portion \$ 1,045,000
Series 2007 Hospital Refunding and improvement Revenue bonds Note payable - clinic		12,005,000	\$	ditions - 424,940	Deductions \$ 1,005,000 74,069	\$ 11,000,000 1,350,871	Portion \$ 1,045,000 72,023
Series 2007 Hospital Refunding and improvement Revenue bonds Note payable - clinic Financed purchases		12,005,000 873,721	\$	-	Deductions \$ 1,005,000	\$ 11,000,000 1,350,871 810,114	* 1,045,000 72,023 126,971
Series 2007 Hospital Refunding and improvement Revenue bonds Note payable - clinic		12,005,000	\$	-	Deductions \$ 1,005,000 74,069	\$ 11,000,000 1,350,871	Portion \$ 1,045,000 72,023
Series 2007 Hospital Refunding and improvement Revenue bonds Note payable - clinic Financed purchases		12,005,000 873,721	\$ 1,	-	Deductions \$ 1,005,000 74,069	\$ 11,000,000 1,350,871 810,114	* 1,045,000 72,023 126,971

Revenue Bonds Payable

The Series 2007 Revenue Bonds payable consists of Health Facilities Revenue Bonds (Bonds) in the original amount of \$21,730,000 dated March 15, 2007, which bear interest at 3.700 percent to 4.375 percent. The Bonds are payable in graduated annual installments commencing October 1, 2009, and ending October 1, 2031. The Medical Center is required to make minimum monthly deposits of one-sixth of the amount of interest becoming due on all Bonds on the next succeeding interest payment date and one-twelfth of the principal of the Bonds becoming due on the next October 1 to the debt service fund held by the trustee. The Bonds are payable, both as to principal and interest, solely out of the net income and revenues arising from the operation of the Medical Center facility after providing for the costs of operation and maintenance thereof, and from all other income made available to the Board of Directors including investment income and gifts, bequests, contributions, grants, and all other monies, except to the extent otherwise limited by the donor or grantor. The City of Nevada and Board of Directors have pledged said net Medical Center income and revenues and other income for the payment of such principal and interest. Payments of bond principal are also secured by an insurance policy issued by a commercial insurer.

The indenture agreement requires that certain funds be established with the trustee. Accordingly, these funds are included as assets held by trustee for debt service in the balance sheets. The indenture agreement also requires the Medical Center to comply with certain restrictive covenants including minimum insurance coverage, maintaining a historical debt-service coverage ratio of at least 1.15, certain days cash on hand, and restrictions on incurrence of additional debt. During 2024, the Medical Center received an event of default notice, therefore the Series 2027 Revenue Bonds are classified as current as of June 30, 2024. The Medical Center has executed two forbearance agreements with the bond insurer (June 2024 and November 2024), which forbears certain rights of the bond insurer through May 29, 2025, provided the Medical Center complies with requirements under the forbearance agreements.

The debt service requirements as of June 30, 2024, on the Bonds are as follows:

Year Ending				
June 30,	Tot	tal to be Paid	Principal	Interest
2025	\$	10,364,049	\$ 9,955,000	\$ 409,049

Note Payable - Clinic

During 2023, the Hospital entered into a note payable related to purchase of a physician clinic building. Monthly payments of \$10,581 are required, including interest calculated on the 91-day treasury bill yield rate, which was 5.2 percent. Payments are based on a 15-year amortization, with an eight-year balloon due in November 2030.

The debt service requirements as of June 30, 2024, on the note payable is as follows:

Year Ending June 30,	Tota	al to be Paid	Principal	 Interest
2025	\$	126,975	\$ 75,149	\$ 51,826
2026		126,975	78,254	48,721
2027		126,975	81,487	45,488
2028		126,975	84,740	42,235
2029		126,976	38,620	88,356
2030		991,546	 953,751	37,795
	\$	1,626,422	\$ 1,312,001	\$ 314,421

Note Payable – Forbearance

During 2024, the Medical Center received \$800,000 as part of a forbearance agreement with the bond insurer associated with the Series 2007 Revenue Bonds. This amount was paid as an advance under terms of the existing Bond Indenture and Deed of Trust. Interest accrues at prime plus 2%. The note is secured by a mortgage on Medical Center property. Repayment to the Trustee shall be in the priority set forth in the Indenture. In the event of a Termination Event, this advance shall be payable upon the demand of the Bond Insurer.

Nursing Home Loan

The Medical Center received loans totaling \$1,650,000 from Nevada City Nursing Home, d/b/a Moore-Few Care Center and Barone Care Center (the "Nursing Home"), which is also a component unit of the City of Nevada, Missouri. The Medical Center is required to pay the full amount to the Nursing Home if it meets certain days cash on hand amounts. The loan is unsecured with no interest. See *Note 15* for additional information.

The debt service requirements on the Nursing Home loan as of June 30, 2024, are as follows:

Year Ending June 30,	Total to	be Paid	Pr	incipal	Interest	
2025	\$ 1,6	550,000	5	1,650,000	\$	

Financed Purchases

Clinic Building

Payable in monthly installments of \$7,437 including 1.50 percent interest, commencing February 2017, final payment due January 2032, collateralized by a building. Related party transaction, see *Note 15*.

Endoscopic Equipment

Payable in monthly installments of \$4,224 including 5.5 percent interest, commencing August 2019, final payment due July 2024, collateralized by equipment.

The debt service requirements on financed purchases as of June 30, 2024, are as follows:

Year Ending June 30,	Tota	I to be Paid	P	Principal	<u>lı</u>	nterest
2025	\$	115,820	\$	106,781	\$	9,039
2026		89,238		81,410		7,828
2027		89,238		82,640		6,598
2028		89,238		83,888		5,350
2029		89,237		85,154		4,083
2030 - 2032		232,256		227,708		4,548
	\$	705,027	\$	667,581	\$	37,446

Note 10. Lease Liabilities

The Medical Center leases equipment, the terms of which expire in various years through 2027. The leases were measured based upon the interest rate implicit per the contract or the Medical Center's incremental borrowing rate at lease commencement. Variable payments based upon the use of the underlying asset are not included in the lease liability because they are not fixed in substance.

The following is a summary of lease liabilities transactions for the Medical Center for the years ended June 30:

					2024			
	Beginning Balance	۸	dditions	De	ductions		Ending Balance	Current
Other Long-Term Liabilities	Dalatice	Additions			ductions	_	Dalalice	Portion
Lease Liabilities	\$ 1,171,191	\$	357,461	\$	454,291	\$	1,074,361	\$ 530,048
obligations	\$ 1,171,191	\$	357,461	\$	454,291	\$	1,074,361	\$ 530,048
					2023			_
	Beginning Balance	A	dditions	De	2023		Ending Balance	Current Portion
Other Long-Term Liabilities Lease Liabilities	0 0	A \$	dditions 199,430				•	

The following is a schedule of payments by year under the leases as of June 30, 2024:

Year Ending June 30,	Tot	al to be Paid	Principal	 nterest
2025	\$	577,668	\$ 530,048	\$ 47,620
2026		392,041	368,669	23,372
2027		142,184	134,117	8,067
2028		40,158	38,264	1,894
2029		3,288	 3,263	 25
	\$	1,155,339	\$ 1,074,361	\$ 80,978

Note 11. Subscription Liabilities

The Medical Center has various subscription-based information technology arrangements (SBITAs), the terms of which expire in various years through 2030. The subscriptions were measured based upon the interest rate implicit per the contract or the Medical Center's incremental borrowing rate at commencement. Variable payments based upon the use of the underlying asset are not included in the subscription liability because they are not fixed in substance. There were no outflows of resources recognized in the reporting period for variable payments not previously recorded in the measurement of the subscription liability.

The following is a summary of subscription liabilities transactions for the Medical Center for the years ended June 30:

	Beginning Balance	Additions	2024 Deductions	Ending Balance	Current Portion
Subscription Liabilities	\$ 965,242	\$ 2,936,095	\$ 1,165,192	\$ 2,736,145	\$ 436,528
	Beginning Balance	Additions	2023 Deductions	Ending Balance	Current Portion
Subscription Liabilities	\$ 1,763,363	\$ 54,259	\$ 852,380	\$ 965,242	\$ 841,800

The following is a schedule by year of payments under the SBITAs as of June 30, 2024:

Year Ending June 30,	Tot	al to be Paid	 Principal	 Interest
2025	\$	613,619	\$ 436,528	\$ 177,091
2026		586,191	439,451	146,740
2027		534,528	417,544	116,984
2028		534,528	447,728	86,800
2029		534,528	480,094	54,434
2030		534,528	514,800	19,728
	\$	3,337,922	\$ 2,736,145	\$ 601,777

Note 12. Charity Care

The costs of charity care provided under the Medical Center's charity care policy were approximately \$174,000 and \$429,000 for the years ended June 30, 2024 and 2023, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Note 13. Pension Plan

Plan Description

The Medical Center's defined benefit pension plan provides certain retirement, disability, and death benefits to plan members and beneficiaries. The Medical Center participates in the Missouri Local Government Employees' Retirement System (LAGERS). LAGERS is an agent multiple-employer, statewide public employee pension plan established in 1967 and administered in accordance with RSMo. 70.600-70.755. As such, it is LAGERS' responsibility to administer the law in accordance with the expressed intent of the General Assembly. The plan is qualified under the Internal Revenue Code Section 401(a) and is tax exempt. The responsibility for the operations and administration of LAGERS is vested in the LAGERS Board of Trustees consisting of seven persons. LAGERS issues a publicly available financial report that includes financial statements and required supplementary information. This report may be obtained by accessing the LAGERS website at www.molagers.org.

Benefits Provided

LAGERS provides retirement, death, and disability benefits. Benefit provisions are adopted by the governing body of the employer, within the options available in the state statutes governing LAGERS. All benefits vest after five years of credited service. Employees who retire on or after age 60 with five or more years of service are entitled to an allowance for life based on 5 years of average salary and a benefit multiplier of 1.25 percent. Employees may retire with an early retirement benefit with a minimum of five years of credited service and after attaining age 55 and receive a reduced allowance.

Benefit terms provide for annual postretirement adjustments to each member's retirement allowance subsequent to the member's retirement date. The annual adjustment is based on the increase in the Consumer Price Index and is limited to 4 percent per year.

The employees covered by the Plan at June 30, 2024 and 2023, are:

	2024	2023
Inactive employees or beneficiaries currently receiving benefits	229	212
Inactive employees entitled to but not yet receiving benefits	131	120
Active employees	212	245
	572	577

Contributions

The employer is required to contribute amounts at least equal to the actuarially determined rate, as established by LAGERS. The actuarially determined rate is the estimated amount necessary to finance the cost of benefits earned by employees during the year, with an additional amount to finance an unfunded accrued liability. Full-time employees of the employer do not contribute to the pension plan. For the years ended June 30, 2024 and 2023, the employer contribution rate was 4.1 and 3.1 percent, respectively.

Net Pension Asset

The Medical Center's net pension asset was measured as of June 30, 2024 and 2023, and the total pension liability used to calculate the net pension asset was determined by an actuarial valuation as of February 29, 2024 and February 28, 2023, rolled forward June 30, 2024 and 2023, respectively.

The total pension liability in the February 29, 2024 and February 28, 2023, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2024
Inflation	2.75% wage inflation; 2.25% price inflation
Salary increases	2.75% to 6.75% average, including inflation

Investment rate of return 7.00% net of investment and administrative expenses

2023

Inflation 2.75% wage inflation; 2.25% price inflation Salary increases 2.75% to 6.75% average, including inflation

Investment rate of return 7.00%, net of investment and administrative expenses

For 2024 and 2023, the healthy retiree mortality tables, for post-retirement mortality, used in evaluating allowances to be paid were 115 percent of the PubG-2010 Retiree Mortality Table for males and females. The disabled retiree mortality tables, for post-retirement mortality, used in evaluating allowances to be paid were 115 percent of the PubNS-2010 Disabled Retiree Mortality Table for males and females. The preretirement mortality tables used were 75 percent of the PubG-2010 Employee Mortality Table for males and females of General groups and 75 percent of the PubS-2010 Employee Mortality Table for males and females of police, fire, and public safety groups.

Mortality rates for a particular calendar year are determined by applying the MP-2020 mortality improvement scale to the above described tables.

The actuarial assumptions used in the valuations were based on the results of an actuarial experience study for the period March 1, 2015, through February 29, 2024.

The long-term expected rate of return on pension plan investments was determined using a model method in which the best-estimate ranges of expected future real rates of return (expected returns, net of investment expenses 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:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return		
Equity	39.00%	4.35%		
Fixed income	28.00%	1.43%		
Real assets/real return	33.00%	2.67%		

Discount Rate

The discount rate used to measure the total pension liability was 7.00 percent for the years ended June 30, 2024 and 2023. The projection of cash flows used to determine the discount rate assumes that employer contributions will be made at the rates agreed upon for employees and the actuarially determined rates for employers. Based on these assumptions, the pension plan's fiduciary net position was projected to be available to pay all projected future benefit payments of current active and inactive employees. 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.

Changes in the total pension liability, plan fiduciary net position, and the net pension asset are:

2024

	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (Asset) (a)-(b)
Balance, beginning of year	\$ 37,259,875	\$ 46,080,613	\$ (8,820,738)
Changes for the year Service cost Interest	866,495 2,572,494	Ī	866,495 2,572,494
Differences between expected and actual experience Contributions – employer Net investment income Benefit payments, including refunds	(643,483) - -	618,469 2,408,845	(643,483) (618,469) (2,408,845)
of employee contributions Administrative expense Other	(1,903,953)	(1,903,953) (74,379) 84,126	74,379 (84,126)
Net changes	891,553	1,133,108	(241,555)
Balance, end of year	\$ 38,151,428	\$ 47,213,721	\$ (9,062,293)
	Total Pension Liability (a)	2023 Plan Fiduciary Net Position (b)	Net Pension Liability (Asset) (a)-(b)
Balance, beginning of year	\$ 37,480,295	\$ 46,673,266	\$ (9,192,971)
Changes for the year Service cost Interest Differences between expected	958,839 2,594,346	- -	958,839 2,594,346
and actual experience Contributions – employer Net investment income	(1,963,964)	- 499,435	(1,963,964) (499,435)
Benefit payments, including refunds	-	1,635,320	(1,635,320)
Benefit payments, including refunds of employee contributions Administrative expense Other	(1,809,641) - -	1,635,320 (1,809,641) (85,552) (832,215)	(1,635,320) - 85,552 832,215
of employee contributions Administrative expense	(1,809,641) (220,420)	(1,809,641) (85,552)	- 85,552

The net pension asset of the Medical Center has been calculated using a discount rate of 7.00 percent. The following presents the net pension asset using a discount rate 1 percent higher and 1 percent lower than the current rate.

		Current	
	1% Decrease	Discount Rate	1% Increase
Medical Center's net pension asset	\$ 3,975,107	\$ 9,062,293	\$ 13,252,857

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

For the years ended June 30, 2024 and 2023, the Medical Center recognized pension expense (credit) of \$(270,342) and \$800,249, respectively. At June 30, 2024 and 2023, the Medical Center reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2024			
	Deferred Outflows of Resources	Deferred Inflows of Resources		
Differences between expected and actual experience Assumption changes Net difference between projected and actual earnings	\$ 787,396 -	\$ 1,621,985 160,193		
on pension plan investments	1,329,898			
Total	\$ 2,117,294	\$ 1,782,178		
	20	23		
	Deferred Outflows of Resources	23 Deferred Inflows of Resources		
Differences between expected and actual experience Assumption changes Net difference between projected and actual earnings	Deferred Outflows of	Deferred Inflows of		
·	Deferred Outflows of Resources	Deferred Inflows of Resources \$ 1,757,324		

Amounts reported as deferred outflows of resources and deferred inflows of resources at June 30, 2024, will be recognized in pension expense as follows:

2025		\$ (763,139)
2026		847,388
2027		133,624
2028	_	117,243
	_	\$ 335,116

Note 14. Related Party Transactions

Nevada City Nursing Home, d/b/a Moore-Few Care Center and Barone Care Center

The Medical Center provides dietary, maintenance, and administrative services to the Nursing Home. Approximately \$1,675,000 for the years ended June 30, 2024 and 2023, of other expenses are directly allocated to the Nursing Home. Included in due from related party is unsecured noninterest bearing amounts of \$1,457,666 and \$1,413,379 due from the Nursing Home at June 30, 2024 and 2023, respectively, related to these services.

During 2017, the Nursing Home purchased property and two clinics for \$1,198,000 which it then leased to the Medical Center. The City of Nevada (City) subsequently purchased the property and assumed the lease from the Nursing Home. The Medical Center accounted for the transaction as a financed purchase (*Note 9*). The fifteen-year lease began on February 2, 2017, and upon expiration of the lease the City will transfer the property to the Medical Center. The Medical Center makes monthly lease payments of \$7,437 which includes interest of 1.50 percent. Beginning three years from the inception of the lease and every three years thereafter, monthly lease payments shall be adjusted based on a three-year United States Treasury rate, with a floor of 1.50 percent.

The Nursing Home has loaned \$1,650,000 to the Medical Center. See *Note* 9 for related terms.

Foundation

The Nursing Home has transferred funds to the Foundation for investment. The balance of such funds being held for the Nursing Home at June 30, 2024 and 2023, is \$80,134 for both years, and is included in current liabilities as funds held for others.

Note 15. Contingencies

Litigation

In the normal course of business, the Medical Center 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 Medical Center's self-insurance program (discussed elsewhere in these notes) or by commercial insurance, for example, allegations regarding employment practices or performance of contracts. The Medical Center 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.

Note 16. Disclosures About Fair Value of Assets and Liabilities

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

- Level 1 Quoted prices in active markets for identical assets or liabilities
- **Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- **Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying financial statements measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2024 and 2023:

	Fair Value Measurements Using							
	Fain Walio	N	oted Prices in Active larkets for Identical Assets	Otl Obsei Inp	uts	Significant Unobservable Inputs		
l 20 0004	Fair Value		(Level 1)	(Lev	el 2)	(Le\	/el 3)	
June 30, 2024								
Money market mutual funds	\$ 2,316,773	\$	2,316,773	\$	-	\$	-	
Equity mutual funds	369,808		369,808		-		-	
June 30, 2023								
Money market mutual funds	2,316,881		2,316,881		-		-	
Equity mutual funds	335,381		335,381		-		-	

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 17. Management's Consideration of Going Concern Matters

The Medical Center incurred total operating losses of approximately \$3,819,000 and \$1,090,000 during 2024 and 2023, respectively, which has contributed to a decline in cash of approximately \$5,827,000 over the two-year period. Days cash on hand as of June 30, 2024, is less than 15 days. During 2024, the Medical Center received notice of being in default on the Series 2007 Revenue Bonds and executed certain related forbearance agreements (*Note 9*), causing that debt to be due in 2025 without sufficient liquid resources to pay.

The Medical Center is evaluating opportunities to reduce operating losses and increase liquidity, including implementation of restructuring plan, optimizing revenues including 340B drug discount program, and monitoring working capital amounts and reducing accounts receivable balances. The Medical Center believes it will have sufficient cash to meet its cash flow requirements over the next year. However, there can be no assurance that the Medical Center will be successful in achieving its objectives.

The accompanying financial statements have been prepared assuming that the Medical Center will continue as a going concern; however, the above conditions raise substantial doubt about the Medical Center'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 Medical Center be unable to continue as a going concern.

Note 18. Subsequent Events

Subsequent events have been evaluated January 28, 2025, which is the date the financial statements were available to be issued.

Required Supplementary Information

Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Required Supplementary Information Schedule of Changes in the Net Pension Asset and Related Ratios

	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total Pension Liability Service cost	\$ 866,495	\$ 958,839	\$ 873,283	\$ 793,708	\$ 780,750	\$ 778,440	\$ 752,518	\$ 705,588	\$ 659,381
Interest on total pension liability	2,572,494	2,594,346	2,340,523	2,429,735	2,362,289	2,246,734	2,185,342	2,092,854	1,926,517
Changes in assumptions	-	-	-	(1,188,065)	-	-	-	-	1,181,100
Difference between expected and actual experience	(643,483)	(1,963,964)	2,180,440	(428,904)	(593,711)	173,753	(659,631)	(206,621)	(228,887)
Change in benefit terms	(040,400)	(1,000,004)	-	(420,004)	(000,711)	-	(000,001)	(200,021)	(220,007)
Benefit payments	(1,903,953)	(1,809,641)	(1,810,834)	(1,637,877)	(1,613,365)	(1,599,276)	(1,294,408)	(1,382,404)	(1,154,593)
Net Change in Total Pension (Asset) Liability	891,553	(220,420)	3,583,412	(31,403)	935,963	1,599,651	983,821	1,209,417	2,383,518
Total Pension Liability – Beginning	37,259,875	37,480,295	33,896,883	33,928,286	32,992,323	31,392,672	30,408,851	29,199,434	26,815,916
Total Pension Liability – Ending (a)	38,151,428	37,259,875	37,480,295	33,896,883	33,928,286	32,992,323	31,392,672	30,408,851	29,199,434
Fiduciary Net Position									
Employer contributions	618,469	499,435	644,969	527,353	445,235	477,031	410,332	345,604	459,442
Net investment income	2,408,845	1,635,320	35,874	10,455,321	523,292	2,502,067	4,332,089	3,895,180	(79,813)
Benefit payments	(1,903,953)	(1,809,641)	(1,810,834)	(1,637,877)	(1,613,365)	(1,599,276)	(1,294,408)	(1,382,404)	(1,154,593)
Administrative expenses	(74,379)	(85,552)	(61,216)	(55,685)	(71,129)	(61,579)	(44,049)	(43,069)	(43,493)
Other	84,126	(832,215)	(233,300)	(385,420)	(60,421)	(208,849)	(387,772)	(122,608)	24,293
Net Change in Fiduciary Net Position	1,133,108	(592,653)	(1,424,507)	8,903,692	(776,388)	1,109,394	3,016,192	2,692,703	(794,164)
Fiduciary Net Position – Beginning	46,080,613	46,673,266	48,097,773	39,194,081	39,970,469	38,861,075	35,844,883	33,152,180	33,946,344
Fiduciary Net Position – Ending (b)	47,213,721	46,080,613	46,673,266	48,097,773	39,194,081	39,970,469	38,861,075	35,844,883	33,152,180
Medical Center's Net Pension Asset,									
Ending = (a) - (b)	\$ (9,062,293)	\$ (8,820,738)	\$ (9,192,971)	\$ (14,200,890)	\$ (5,265,795)	\$ (6,978,146)	\$ (7,468,403)	\$ (5,436,032)	\$ (3,952,746)
Fiduciary Net Position as a Percentage of									
Total Pension Liability	123.75%	123.67%	124.53%	141.89%	115.52%	121.15%	123.79%	117.88%	113.54%
Covered Payroll	\$ 13,996,765	\$ 15,608,052	\$ 17,391,437	\$ 14,046,663	\$ 13,113,471	\$ 13,350,685	\$ 13,168,042	\$ 12,399,005	\$ 11,684,198
Medical Center's Net Pension Asset as a									
Percentage of Covered Payroll	-64.75%	-56.51%	-52.86%	-101.10%	-40.16%	-52.27%	-56.72%	-43.84%	-33.83%

This schedule is required to present ten years of information under GASB 68. However, in accordance with GASB 68, the Medical Center has included only the information that is measured in accordance with its provisions that are available.

Fiscal Year Ending June 30	De	ctuarially termined ntribution	Е	Actual mployer ntribution	Defic	bution elency ess)	Covered Payroll	Contribution as a % of Covered Payroll
2015	\$	596,777	\$	596,777	\$	_	\$ 11,404,671	5.23%
2016		457,185		457,185		-	12,031,173	3.80%
2017		344,144		344,144		-	12,746,064	2.70%
2018		409,133		409,133		-	13,197,802	3.10%
2019		478,897		478,897		-	12,943,165	3.70%
2020		441,695		441,695		-	12,991,024	3.40%
2021		528,856		528,856		-	14,690,422	3.60%
2022		653,188		653,188		-	18,144,103	3.60%
2023		494,161		494,161		-	15,940,697	3.10%
2024		632,899		632,899		-	15,069,016	4.20%

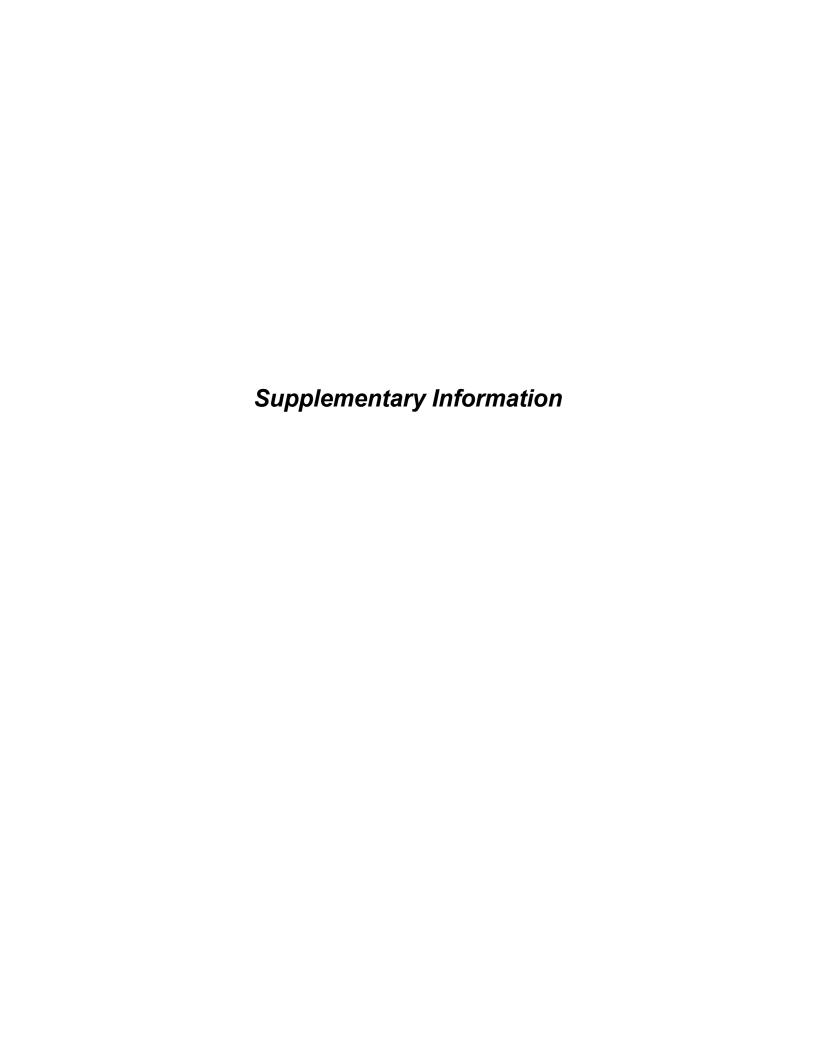
Notes to Schedule:

Valuation Date: February 28, 2024

The rollforward of total pension liability from February 28, 2024, to June 30, 2024, reflects expected service cost and interest reduced by actual benefit payments.

Methods and assumptions used to determine contribution rates:

Actuarial cost method Amortization methods	Entry age normal and modified terminal funding A level percentage of payroll amortization method is used to amortize the UAAL over a closed period of years. If the UAAL (excluding the UAAL associated with benefit changes) is negative, then this amount is amortized over the greater of (i) the remaining initial amortization period or (ii) 15 years.
Remaining amortization period	Multiple bases from 12 to 15 years
Asset valuation method	5-year smoothed market, 20% corridor
Inflation	2.75% wage inflation, 2.25% price inflation
Salary increases	2.75% to 6.75%, including wage inflation
Net investment rate of return	7.00%, net of investment expenses
Retirement age	Experience-based table of rates that are specific to the type of eligibility condition
Mortality	The healthy retiree mortality tables, for post-retirement mortality, used in evaluating allowances to be paid were 115% of the PubG-2010 Retiree Mortality Table for males and females. The disabled retiree mortality tables, for post-retirement mortality, used in evaluating allowances to be paid were 115% of the PubNS-2010 Disabled Retiree Mortality Table for males and females. The preretirement mortality tables used were 75% of the PubG-2010 Employee Mortality Table for males and females of General groups and 75% of the PubS-2010 Employee Mortality Table for males and females of police, fire, and public safety groups. Mortality rates for a particular calendar year are determined by applying the
Other information	MP-2020 mortality improvement scale to the above described tables. None



		2024	4		2023	
		Amount	Percent		Amount	Percent
Patient Accounts						
Medicare	\$	10,046,824	28.7%	\$	5,541,569	23.8%
Medicaid		6,185,276	17.6%		3,863,076	16.6%
Private insurance		7,267,558	20.7%		5,321,429	22.9%
Self-pay		11,593,365	33.0%		8,537,547	36.7%
		35,093,023	100.0%		23,263,621	100.0%
Other Receivables		-			5,314	
		35,093,023			23,268,935	
Allowance for Contractual Adjustments		(16,664,551)			(11,740,168)	
Allowance for Uncollectible Accounts		(12,046,423)			(7,249,865)	
	\$	6,382,049		\$	4,278,902	
Aging of Patient Accounts Discharged during the month of June (includes in-house and						
unbilled accounts)	\$	8,659,086	24.7%	\$	9,070,019	39.0%
May	•	5,461,862	15.6%	•	1,991,666	8.6%
April		4,434,257	12.6%		1,329,246	5.7%
March		3,137,532	8.9%		1,360,473	5.8%
Prior to March		13,400,286	38.2%		9,512,217	40.9%
	\$	35,093,023	100.0%	\$	23,263,621	100.0%

	2024	2023
Daily Patient Services	\$ 3.166.811	\$ 2.682.542
Medical/surgical and swing bed Obstetrics	\$ 3,166,811 2,449,721	\$ 2,682,542 1,978,529
Intensive care	460,176	2,180,690
Behavioral health unit	11,506,015	12,254,694
Hospitalist	1,599,267	676,645
Nursery	860,561	831,611
	20,042,551	20,604,711
Other Nursing Services		
Operating rooms	9,058,736	8,069,572
Recovery rooms	2,035,418	1,006,360
Delivery and labor rooms	-	1,409,260
Emergency service	14,724,755	10,619,528
	25,818,909	21,104,720
Other Professional Services		
Laboratory	4,552,183	964,491
Gastrointestinal lab	2,617,217	3,530,678
Transfusion service	366,069	593,802
Electrocardiology	356,594	1,151,678
Cardiac rehabilitation	426,988 4,231,604	282,352 4,260,158
Radiology Nuclear medicine	711,237	899,632
Ultrasound	2,745,249	3,221,779
Computerized tomography	12,253,055	11,013,579
Magnetic resonance imaging	1,885,253	2,630,240
Pharmacy	4,648,757	5,459,561
Anesthesiology	2,051,271	3,054,162
Respiratory therapy	2,679,753	1,709,492
Physical therapy	1,823,515	1,619,111
Occupational therapy	899,267	643,756
Speech therapy	178,237	262,119 22,345
Occupational medicine	395,104	789,443
Wound/ostomy Emergency room physicians	393,104	6,509,081
Ambulatory care	172,236	1,426,780
Rich Hill clinic	508,950	539,090
Mammogram	591,127	-
Orthopedic/specialty clinics	3,033,984	5,569,181
Nevada medical clinic	4,347,716	-
Physicians clinic	6,236,619	6,763,766
NowCare clinic	3,014,975	2,473,829
Wellness	-	648,741
Microbiology	907,736	2,756,932
Hematology	2,569,087	4,973,419
Chemistry NRPCC	10,260,044 2,449,063	8,204,111 2,422,398
Acceleration program	544,161	356,444
	77,457,051	84,752,150

	2024	2023
Gross Patient Service Revenue	\$ 123,318,511	\$ 126,461,581
Less Allowances		
Medicare contractual allowances	38,133,262	34,638,901
Medicaid contractual allowances	13,596,152	22,924,287
Other allowances	20,476,711	20,788,687
Charity care	510,074	1,144,551
Provision for uncollectible accounts	12,091,577	4,554,405
	84,807,776	84,050,831
Net Patient Service Revenue	\$ 38,510,735	\$ 42,410,750

Nevada City Hospital d/b/a Nevada Regional Medical Center A Component Unit of the City of Nevada, Missouri Other Revenue Years Ended June 30, 2024 and 2023

	 2024	2023
Cafeteria	\$ 241,364	\$ 229,793
Miscellaneous	1,465,210	985,931
Contract 340B pharmacy revenue	1,862,083	2,476,821
Rental of office space	 11,435	 47,659
	\$ 3,580,092	\$ 3,740,204

	Salaries	2024 Supplies and Expense	Total
Nursing Services			
Nursing administration	\$ 600,422	\$ 6,293	\$ 606,715
Medical and surgical	657,850	343,467	1,001,317
Obstetrics	798,288	315,939	1,114,227
Intensive care	60,698	105,537	166,235
Behavioral health unit	2,350,036	547,317	2,897,353
Senior pysch	37,287	4,356	41,643
Nursery	-	40,170	40,170
Operating and recovery rooms	593,549	883,989	1,477,538
Central service	37,540	54,111	91,651
Emergency service	808,132	132,631	940,763
Admissions	323,526	7,507	331,033
	6,267,328	2,441,317	8,708,645
Other Professional Services			· · · · · · · · · · · · · · · · · · ·
Laboratory	679,639	505,379	1,185,018
Gastrointestinal lab	939	200,179	201,118
Transfusion service	939	73,123	73,123
Electrocardiology	<u>-</u>	76,123 76,148	76,123 76,148
Clinic administration	_	70,140	70,140
Cardiac rehabilitation	68,497	1,253	69,750
Radiology	358,903	265,159	624,062
Nuclear medicine	101,593	51,312	152,905
Ultrasound	140,374	32,669	173,043
Computerized tomography	78,241	158,283	236,524
Magnetic resonance imaging	56,248	79,935	136,183
Pharmacy	362,209	2,112,248	2,474,457
Anesthesiology	684,861	91,674	776,535
Respiratory therapy	352,601	110,038	462,639
Physical therapy	199,776	200,066	399,842
Occupational therapy	136,679	120,000	256,679
Speech therapy	37,915	348	38,263
Sports medicine	42,240	J 4 0	42,240
Acceleration program	47,049	13,974	61,023
Wound/ostomy	92,134	58,865	150,999
Disaster recovery	52, 10 -1	82,168	82,168
Medical records	582,508	155,667	738,175
Emergency room physicians	-	2,671,498	2,671,498
Social service	131,817	245	132,062
Ambulatory care	139,837	44,705	184,542
Clinic administration	145,000		145,000
Rich Hill clinic	232,656	25,744	258,400
Sheldon clinic			200,100
Nevada medical clinic	3,288,051	954,989	4,243,040
Physicians clinic	2,244,652	371,371	2,616,023
NowCare clinic	1,047,254	30,738	1,077,992
Psych/Op	-	-	
Mammography	89,483	92,789	182,272
Hospitalist	183,342	60,811	244,153
Wellness	100,012	316	316
Microbiology	-	73,796	73,796
Hematology	-	30,765	30,765
Chemistry	-	(45,611)	(45,611)
NRPCC	769,379	554,509	1,323,888
	12,293,877	9,255,153	21,549,030
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	S	Salaries	2023 Supplies d Expense	Total
Nursing Services				
Nursing administration	\$	612,727	\$ 19,543	\$ 632,270
Medical and surgical		655,841	182,957	838,798
Obstetrics		737,906	352,570	1,090,476
Intensive care		85,936	193,232	279,168
Behavioral health unit		2,377,506	505,701	2,883,207
Senior pysch		46,542	31,739	78,281
Nursery		40,04Z	17,668	17,668
Operating and recovery rooms		614,412	911,669	1,526,081
Central service		31,931	81,185	113,116
		1,008,215	(23,968)	984,247
Emergency service Admissions		356,571		
Aumissions			 20,401 2,292,697	 376,972
		6,527,587	 2,292,097	 8,820,284
Other Professional Services				
Laboratory		573,734	602,125	1,175,859
Gastrointestinal lab		35,014	161,719	196,733
Transfusion service		-	75,338	75,338
Electrocardiology		750	80,757	81,507
Clinic administration		-	1,000	1,000
Cardiac rehabilitation		99,571	1,937	101,508
Radiology		264,449	232,888	497,337
Nuclear medicine		80,437	82,369	162,806
Ultrasound		145,346	49,523	194,869
Computerized tomography		52,653	171,535	224,188
Magnetic resonance imaging		62,632	89,622	152,254
Pharmacy		476,435	2,435,801	2,912,236
Anesthesiology		727,323	45,058	772,381
Respiratory therapy		344,344	95,234	439,578
Physical therapy		295,138	10,047	305,185
Occupational therapy		137,097	915	138,012
Speech therapy		81,111	733	81,844
Sports medicine		40,678	733 365	41,043
Acceleration program Wound/ostomy		25,777	21,248	47,025
		117,043	51,790	168,833
Disaster recovery		2,721	89,823	92,544
Medical records		480,080	98,195	578,275
Emergency room physicians		-	2,584,337	2,584,337
Social service		121,196	361	121,557
Ambulatory care		142,002	38,841	180,843
Clinic administration		154,777	-	154,777
Rich Hill clinic		219,346	52,090	271,436
Sheldon clinic		186,724	3,111	189,835
Orthopedic/specialty clinics		1,529,312	809,646	2,338,958
Physicians clinic		2,099,937	398,517	2,498,454
NowCare clinic		890,347	255,210	1,145,557
Psych/Op		-	320	320
Mammography		.	-	<u>-</u>
Hospitalist		479,541	105,791	585,332
Wellness		73,150	122,486	195,636
Microbiology		-	134,284	134,284
Hematology		-	35,115	35,115
Chemistry		-	175,715	175,715
NRPCC		980,561	 147,035	 1,127,596
	1	0,919,226	 9,260,881	 20,180,107

	Salaries	2024 Supplies and Expense	Total
General Services			
Dietary	\$ 394,883	\$ 477,219	\$ 872,102
Laundry	16,080	120,530	136,610
Plant operation and maintenance	441,088	1,088,511	1,529,599
Housekeeping	304,421	117,001	421,422
Transportation	3,294	-	3,294
	1,159,766	1,803,261	2,963,027
Administrative Services Foundation General accounting	- 224,168	58,220 413,741	58,220 637,909
Business office	646.619	145.542	792,161
Data processing	295,815	586,552	882,367
Administrative	155,665	850,877	1,006,542
Medicaid provider assessment	-	1,436,447	1,436,447
Personnel	163,099	32,071	195,170
Employee health	-	-	-
Storeroom	105,924	27,461	133,385
Insurance	-	760,834	760,834
Employee benefits		3,734,146	3,734,146
	1,591,290	8,045,891	9,637,181
Depreciation and Amortization		3,051,730	3,051,730
	\$ 21,312,261	\$ 24,597,352	\$ 45,909,613

	Salaries	2023 Supplies and Expense	Total
General Services			
Dietary	\$ 464,694	\$ 491,201	\$ 955,895
Laundry	26,410	242,042	268,452
Plant operation and maintenance	382,866	959,161	1,342,027
Housekeeping	350,807	56,120	406,927
Transportation	2,240	210	2,450
·	1,227,017	1,748,734	2,975,751
Administrative Services			
Foundation	_	68,820	68,820
General accounting	193.485	337,647	531,132
Business office	521,994	271,258	793,252
Data processing	297,811	394,325	692,136
Administrative	916,443	896,821	1,813,264
Medicaid provider assessment	, -	2,020,357	2,020,357
Personnel	120,232	92,942	213,174
Employee health	32,901	(12,277)	20,624
Storeroom	173,032	256,655	429,687
Insurance	<u>-</u>	1,085,730	1,085,730
Employee benefits	-	4,619,630	4,619,630
	2,255,898	10,031,908	12,287,806
Depreciation and Amortization		2,977,392	2,977,392
	\$ 20,929,728	\$ 26,311,612	\$ 47,241,340