

HCMO-1: Notice of Material Change Transaction

Attachment G

Detailed Information About Harney County Health District

1. Describe the Participating Entity.

a. Describe the Participating Entity's business, including business lines or segments.

Harney County Health District is a 501(c)(3) hospital district organized under Oregon law. It owns and operates Harney District Hospital, a 25-bed critical access hospital located in Burns, Oregon. Harney County Health District's business lines or segments include behavioral health, clinical laboratory, dermatology, emergency medical services, family care, imaging, infusion clinic, nutritional therapy, obstetrics, orthopedics, pain clinic, physical and sports therapy, respiratory therapy, specialty care, speech therapy, surgical services, and transitional care.

b. Describe the Participating Entity's governance and operational structure (including ownership of or by a health care entity)

Harney County Health District is a 501(c)(3) health district with an elected board of directors. The governance documents for Harney County Health District are attached as **Attachment G, Exhibit 1.b.**

c. Provide a diagram or chart showing the organizational structure and relationships between business entities.

See **Attachment G, Exhibit 1.c.**

d. List all of the Participating Entity's business entities currently licensed to operate in Oregon using [HCMO-1b: Business Entities form](#). Provide the business name, assumed business name, business structure, date of incorporation, jurisdiction, principal place of business, and FEIN for each entity.

See **Attachment G, Exhibit 1.d.**

e. Provide financial statements for the most recent three fiscal years. If Party A also operates outside of Oregon, provide financial statements both for Party A nationally and for the Participating Entity's Oregon business.

See **Attachment G, Exhibit 1.e.**

f. Describe and identify the Participating Entity's health care business. Provide responses to i-ix as applicable:

i. Provider type (hospital, physician group, etc.)

Harney District Health District is a 501(c)(3) hospital district. It owns and operates Harney District Hospital and its onsite rural health clinic, as well as a separate clinic that offers specialty care services.

ii. Service lines, both overall and in Oregon

See response to item 1.a., above.

iii. Products and services, both overall and in Oregon

See response to item 1.a., above.

iv. Number of staff and FTE, both overall and in Oregon

Harney County Health District has 219 employees and 176 FTEs (both in Oregon and overall).

v. Geographic areas served, both overall and in Oregon

Harney County Health District serves Harney County, Oregon, and the surrounding areas.

vi. Addresses of all facilities owned or operated using [HCMO-1c: Facilities and Locations form](#)

See **Attachment G, Exhibit 1.f.vi.**

vii. Annual number of people served in Oregon, for all business, not just business related to transaction

Harney County Health District served about 8,000 people in 2025.

viii. Annual number of services provided in Oregon

Harney County Health District annually handles about 800 inpatient visits, 1,000 swing bed visits, 4,000 emergency room visits, 19,000 outpatient visits, and 13,000 Rural Health Clinic visits.

ix. For hospitals, number of licensed beds

Harney District Hospital has 25 licensed beds.

2. Describe all mergers, acquisitions, and joint ventures that closed in the ten (10) years prior to filing this notice of material change transaction involving any entities party to the current proposed transaction, the same or related services, and health care entities. For each previous transaction, include:

NA

- a. **Legal names of all entities party to the transaction**
NA
- b. **Type of transaction**
NA
- c. **Description of the transaction**
NA
- d. **Date the transaction closed**
NA

Attachment G

Exhibit 1.b.

Governance Documents

HARNEY COUNTY HEALTH DISTRICT

BYLAWS

ARTICLE I - NAME

The name of this entity is Harney County Health District (hereinafter called the District). The governing board shall be the Board of Directors (hereinafter called the Board).

ARTICLE II – OFFICE

The District office shall be located at 557 W. Washington, Burns, OR 97720.

ARTICLE III - PURPOSE

SECTION 1. Consistent with ORS 440.320, the authorized purposes of District include:

- A. Promoting the physical and mental health and well-being of district residents.
- B. Providing clinically related diagnostic, treatment and rehabilitative services on an inpatient and outpatient basis;
- C. Providing outreach programs in health care education, health care research and patient care;
- D. Serving as a resource for health care providers in the District.

SECTION 2. Subject to Article III Section 1, the specific purpose of the District is to supply facilities and services for the care of sick and injured persons and health services commensurate with available resources and community needs, and to promote preventative health and wellness within the District for District residents.

ARTICLE IV – ORGANIZATION

The District is organized, exists as, and exercises the powers and functions of, a health district under ORS 440.305 to 440.410 which are made a part of these bylaws. The District was established on April 18, 1990 by an election held on March 27, 1990.

ARTICLE V – LIMITATIONS OF BYLAWS

These Bylaws are subject to applicable provisions of Oregon Revised Statutes relating to units of local government and health care facilities, including but not limited to government ethics, public records and meetings, performance of the duties imposed by statute upon the District Board of Directors, and District elections as they may exist or hereafter be amended.

ARTICLE VI – GOVERNING BOARD

SECTION 1: GENERAL POWERS

Subject to the limitations of these Bylaws, and the statutes of the State of Oregon (which, in any case of inconsistency shall supersede), the affairs and property of the District shall be governed by and managed under the authority of the Board of Directors.

SECTION 2: QUALIFICATIONS

Each member of the Board shall be an elector within the geographical taxing district. An individual who is an employee of the District is not eligible to serve as a Board member. If questions exist regarding the eligibility of any candidate, the Board shall obtain an opinion from legal counsel prior to swearing in such person.

SECTION 3: NUMBER AND TERM OF DIRECTORS

The Board shall consist of seven (7) members. The term of office of each elected Board member is four years, and shall begin July 1 following the regular District election.

SECTION 4: EFFECT OF ABSENCE

The term of a director shall expire when the director is absent from four or more consecutive meetings of the Board and the Board declares the position vacant. The vacancy shall be filled as provided in ORS 198.320(1) and (2), which are set out below. See ORS 440.330(5).

ORS 198.320(1) and (2) provide:

198.320 Filling of vacancies on governing bodies of certain districts. (1) Except as otherwise provided by law, a vacancy in an elected office in the membership of the governing body of a district shall be filled by appointment by a majority of the remaining members of the governing body. If a majority of the membership of the governing body is vacant or if a majority cannot agree, the vacancies shall be filled promptly by the county court of the county in which the administrative office of the district is located.

(2) This subsection applies to districts defined in ORS 255.012 which have a regular district election on a date specified in ORS 255.335. The period of service of a person appointed under subsection (1) of this section shall expire June 30 next following the next regular district election at which a successor is elected. The successor shall be elected to serve the remainder, if any, of the term for which the appointment was made. If the term for which the appointment was made expires June 30 after the election of the successor, the successor shall be elected to a full term. In either case the successor shall take office July 1 next following the election.

Health districts are districts defined in ORS 255.012.

SECTION 5: OATH OF OFFICE

Each newly elected or appointed Board member shall take an oath of office at a board meeting prior to assuming Board member duties.

SECTION 6: VACANCIES

The Board shall make every effort to promptly appoint new members as vacancies occur. Vacancies on the Board shall be filled by appointment of a majority of the remaining members of the Board. If a majority of the membership of the Board is vacant, or if a majority cannot agree, the vacancies shall be filled promptly by the County Court of Harney County. The period of service of a person appointed to fill a vacancy shall expire on June 30th following the next regular district election at which a successor is elected. The successor shall be elected to serve the remainder, if any, of the term for which the appointment was made. If the term for which the appointment was made expires June 30 after the election of the successor, the successor shall be elected to a full term. In either case the successor shall take office July 1 next following the election.

SECTION 7: POWERS OF THE DISTRICT

The Board shall have the powers necessary or appropriate to accomplish the purposes of ORS 440.315 to 440.420, including, but not limited to:

- A. To provide directly or indirectly any physical or mental health related services.
- B. To make any contract or agreement, to purchase and lease real and personal property, to enter into business arrangements or relationships with public or private entities, and to create and participate fully in the operation of any business structure, including the development of business structures and arrangements for health care delivery systems and managed care plans.
- C. To participate in community sponsored health screening, prevention, wellness, improvement or other activities that address the physical or mental health needs of district residents. Such participation may include clinical, financial, administrative, volunteer or other support considered appropriate by the Board.

ARTICLE VII - MEETINGS

SECTION 1: PUBLIC ATTENDANCE

All meetings of the Board, whether regular or special, shall be open to the public unless the subject to be discussed falls within the exceptions pertaining to Executive Sessions contained in Oregon's Public Meetings Law (ORS 192.660(2)).

SECTION 2: TIME AND PLACE

A. Frequency of Regular Meetings

- i. Regular meetings of the Board shall be held at least once each month.

B. Special Meetings

- i. The Board shall hold special meetings at the request of the Chief Executive Officer, Board Chair, or any three members of the Board as deemed necessary to conduct business or deal with urgent matters. If the Board Chair is absent, special Board meetings may be held at the request of the Treasurer. Special meetings shall not be held upon less than 24 hours public notice (ORS 192.640(3)) of the time and place of such meeting and its purpose. No business shall be transacted except that which is described in the notice.

C. Recessed Meetings

- i. A quorum of the Directors may recess any directors meeting to meet again at a stated day and hour, provided however, that in the absence of a quorum, a majority of the Directors present at any meeting may recess from time to time, until the time is fixed for the next regular meeting. Reasonable notice of the time and place of holding a recessed meeting should be given to absent Directors even if the time and place is fixed in the meeting so recessed.

D. Emergency Meetings

- i. Emergency meetings may be held at the request of the persons entitled to call special meetings, upon less than 24 hours notice in situations where a true emergency exists. An emergency exists where there are objective circumstances which, in the judgment of the person or persons calling the meeting, create a real and substantial risk of harm to the District which would be substantially increased if the Board were to delay in order to give 24 hours notice before conducting the meeting. The convenience of Board members is not grounds for calling an emergency meeting.

- ii. At the beginning of an emergency meeting, the Board Chair shall declare the reason for calling such meeting, and the reason the meeting could not have been delayed to give at least 24 hours notice, which shall be noted in the minutes (ORS 192.640(3)). The Board shall then determine if the reasons are sufficient to hold an emergency meeting and, if not, shall immediately adjourn such meeting. Only business related directly to the emergency shall be conducted at an emergency meeting.

E. Place

- i. Harney County Health District shall be the usual location of regular meetings. With the consent of a majority of the Board, meetings may be held at any other place within the District. Only training sessions without any deliberative action may be held outside of the District.

F. Notice of Regular Meetings

i. The Board shall provide for and give public notice, reasonably calculated to give actual notice to interested persons including news media which have requested notice, of the time and place for holding regular meetings. The notice shall also include a list of the principal subjects anticipated to be considered at the meeting, but this requirement shall not limit the ability of a governing body to consider additional subjects.

G. Notice of Executive Sessions

i. If an executive session only will be held, the notice shall be given to the members of the governing body, to the general public and to news media which have requested notice, stating the specific provision of law authorizing the executive session.

SECTION 3: MINUTES

The Secretary and Treasurer of the Board shall cause to be kept at the principal office of the District, a book of minutes of all meetings of the Board, showing the time and place, whether a regular or special meeting, and if special, how authorized, the notice given, the names of the Directors present, substance of discussion and a statement of the vote of the Directors on all motions and resolutions. Minutes of executive sessions shall be kept separately from minutes of public meetings. Minutes of executive sessions may be kept either in writing or by tape recording and shall be stored in a secure manner.

SECTION 4: QUORUM AND ACTION

The presence of four (4) or more Board members shall constitute a quorum to do business. If a quorum is present, actions of the Board shall require a majority vote of a quorum.

ARTICLE VIII - OFFICERS

SECTION 1: ELECTION

The officers of the Board shall be a Board Chair, a Treasurer and a Secretary, all of whom shall be elected or appointed to one-year terms by the Board from amongst its own membership at the first regular meeting in July. Such officers shall hold office until successors shall have been duly elected and qualified.

SECTION 2: DUTIES AND RESPONSIBILITIES

A. The Board Chair, serving as the chief governance officer of the Board, shall preside at all meetings of the Board; ensure that the Board fulfills its obligations as set forth in Oregon statutes, these Bylaws and the Board's governing policies then in effect; and fulfill other responsibilities as may be delegated from time to time in the Board's governing policies.

B. In the event of the Board Chair's absence, disability or refusal to act, the Treasurer shall have the powers and perform the duties of the Board Chair, and shall have such other

powers and duties as the Board may from time to time determine. In the event of the Board Chair's or Treasurer's absence, disability or refusal to act, the Secretary shall have the powers and perform the duties of the Board Chair, and shall have such other powers and duties as the Board may from time to time determine.

C. The Treasurer or Secretary shall ensure the District has processes in place for the issuance of notices of all regular and special meetings on orders of the Board Chair; to receive, route and assist with all correspondence of the Board; to keep or cause to be kept a record of the Board's proceedings, including minutes of all meetings (with confidential executive session minutes maintained separately); and that custody of all records and documents are maintained by the District.

D. The Treasurer may advise the Board on matters of fiscal policy and ensure the District has processes in place to send copies of the audit to state and local agencies as required.

ARTICLE IX - COMMITTEES OF THE GOVERNING BOARD

SECTION 1: DESIGNATION

The Board may establish committees as deemed appropriate in carrying out its purposes. The resolution establishing any such committee shall state the purpose, composition guidelines, timeline and authority of the committee. Committees may be delegated duties and functions not inconsistent with the statutes of the State of Oregon. Committees shall consist of at least one member of the Board and any number and make-up of others as determined by the Board. The designation and appointment of any such Committee and the delegation thereto of authority shall not relieve the Board or any individual Board member of any responsibility imposed upon it, him, or her by law.

1. Standing committees:

- a) Budget Committee – consisting of all members of the Board and equal number of electors appointed by the Board to serve a one year term. The Committee shall, together with the Chief Financial Officer and Administrator, prepare, review, and approve the annual budget as prescribed by ORS 440.403 and ORS 294.305 to 294.565.
- b) Board Governance Committee – The Committee shall, together with the Chief Executive Officer, prepare for the monthly District Board Meeting. The Committee serves as the nominating committee for board officers.
- c) Board Patient Safety and Quality Committee – The Committee shall, together with the Director of Quality, review all required Patient Safety and Quality data, complaints and risks associated with care within the Hospital and associated clinics. The Committee will make recommendations to the Board.

- d) Board Finance Committee – The Committee shall, together with the Chief Financial Officer, review all required financials associated with the operation of the Hospital and associated clinics. The Committee will make recommendations to the Board.

2. Special committees shall be appointed as deemed necessary to carry out the duties of the Board. Such committees shall confine their work to the purpose for which appointed and shall have no authority except that specifically conferred by action of the Board.

ARTICLE X – ADMINISTRATION

The Board shall select and employ a competent, experienced administrator, who shall serve as Chief Executive Officer of the District. The Administrator shall be given the necessary authority and be held responsible for the management and administration of District health services and facilities, subject to policies and orders issued by the Board. The Administrator shall act as the duly authorized representative of the District Board in all matters in which the Board has not formally designated some other person for that specific purpose.

ARTICLE XI - MEDICAL STAFF

SECTION 1: ORGANIZATION, APPOINTMENT AND HEARINGS

A. The Board shall organize the physicians and providers granted privileges in the District into a Medical Staff under Bylaws, Rules and Regulations approved by the Board. The Board shall consider recommendations from the Medical Staff and appoint physicians, non-physician members, and dependent allied health professionals who meet the qualifications for membership as set forth in the Bylaws of the Medical Staff. Each member shall have appropriate authority and responsibility for the care of his/her patients subject to such limitations as are contained in these Bylaws and in the Bylaws, Rules and Regulations of the Medical Staff and subject further to any limitations attached to his/her appointment and privileges.

B. All applications for appointment to the Medical Staff shall be in writing and addressed to the Chief of the Medical Staff of Harney County Health District. They shall contain full information concerning the applicant's education and training, licensure, DEA registration, work history/current practice, previous and current hospital affiliations, and any unfavorable history with regard to licensure, privileges, and malpractice suits.

C. All members of the Medical Staff and dependent allied health professionals shall be required to present a current certificate of insurance from an insurance company licensed or approved to do business in the State of Oregon, to verify malpractice liability coverage with a minimum of \$1,000,000 per claim or medical incident and \$3,000,000 per annual aggregate. Failure to have the minimum amount of insurance will cause suspension of privileges to admit and treat patients.

D. All appointments to the Medical Staff shall be in accordance with the Medical Staff Bylaws, Rules and Regulations renewable by the Board.

E. Medical Staff Bylaws and related rules and regulations for the governance and operation of the Medical Staff may be proposed by the Medical Staff to the Board, but only those which are adopted by the Board shall become effective.

F. The Medical Staff Bylaws will include the Medical Staff's Fair Hearing Plan, which will be adopted by the Board and the Medical Staff as provided in E. immediately above.

SECTION 2: MEDICAL CARE AND EVALUATION

A. The Board shall, in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority to ensure appropriate professional care for the patients of Harney County Health District.

B. The Medical Staff shall conduct an ongoing review and appraisal of the quality of professional care rendered in Harney County Health District and shall report such activities and their results to the Board.

C. The Medical Staff shall make recommendations to the Board concerning:

- i. Appointments, reappointments and other changes in medical staff status.
- ii. Granting of clinical privileges.
- iii. Disciplinary actions.
- iv. All matters relating to professional competency.
- v. Such specific matters as may be referred to it by the Board.

SECTION 3: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS

There shall be Bylaws, Rules and Regulations and amendments thereto, for the Medical Staff that set forth its organization and government. Proposed Bylaws, Rules and Regulations should be developed by the Medical Staff and submitted to the Board for adoption. The Board may institute and adopt changes in Medical Staff Bylaws, Rules and Regulations, which are necessary to maintain licensing or accreditation or to meet legal or fiduciary duties, but it shall exercise such rights only after consultation with the Medical Staff.

ARTICLE XII – SUBSIDIARY ORGANIZATIONS

Each subsidiary organization, if any, of the District shall develop bylaws, policies, and procedures necessary to the specific purpose and function of any such subsidiary organization, which shall be approved by the Health District Board. A subsidiary organization of the District could be, for example only, a limited liability company created and owned by the District which would operate medical clinics or contract with managed care plans, as permitted in ORS 440.360.

ARTICLE XIII - DISTRICT AUXILIARIES

Inasmuch as there are persons residing in the service area of Harney County Health District who may wish to render volunteer services to the District or its clinics, an Auxiliary may be organized. Such Auxiliaries shall have their own Bylaws and be responsible to the Board.

ARTICLE XIV – ETHICS AND CONFLICT OF INTEREST

All members of the Board are subject to the Oregon Ethics Law as prescribed in Government Ethics, ORS Chapter 244. If any member of the Board of the District, a relative of a member, or a business with which a member or member's relative is associated,, should deal with the District in other than a voluntary basis, or should engage in any business activity with any subsidiary of the District in which such person should benefit financially, either directly or indirectly, he/she shall fully disclose any such relationship and benefit to the Board prior to engaging in such activity. Board members shall recuse themselves from voting on decisions that present an actual or potential conflict.

ARTICLE XV – INDEMNIFICATION

Indemnification is provided by Oregon Revised Statute 30.285(1) and ORS 30.287. The purpose of indemnification is to protect the officers, directors, employees, and agents of the District against claims by third parties which allege an act or omission in the performance of duty by an officer, director, employee, or agent of the District in a situation in which it is determined that the act or omission complained of does not amount to malfeasance in office or willful or wanton neglect of duty.

ARTICLE XVI - CONFIDENTIALITY

Board members will protect confidential information learned during the course of their duties and respect the confidentiality appropriate to issues of a sensitive nature. The Board shall comply with all state and federal laws (including the Health Insurance Portability and Accountability Act, HIPAA) regarding the use of confidential patient information and personnel information.

ARTICLE XVII - BYLAWS

SECTION 1: INSPECTION

These Bylaws shall be kept in the principal office of the District and shall be open for public inspection during normal business hours.

ARTICLE XVIII - AMENDMENTS

These Bylaws may be amended, altered, repealed, or new Bylaws adopted by affirmative vote of at least four (4) members of the Board at any regular or duly called special meeting,

provided that such proposed changes have been discussed at a regular or duly called special meeting at least 10 days prior to the meeting at which the vote is taken.

ARTICLE XIX - ADOPTION

Upon adoption of these Bylaws, all prior Bylaws and amendments thereto are to be of no further force and effect and, provided further, that if any of these Bylaws, or any section or sections are found to be contrary to Oregon Revised Statutes, such Bylaws, section or sections are deemed to have no force and effect, but all remaining Bylaws, section or sections are to remain in full force and effect.

Adopted by the Harney County Health District Board of Directors at their regular meeting on the 2 day of APRIL, 2025

By: Sharon Davis, Chairperson

By: LB, Treasurer

By: Jolene Cawfield, Secretary

By: Jessie A. Paul, Director

By: Debra A. Burt, Director

By: Shana C. Withers, Director

By: Mary E. Campbell, Director

Attest: Board Secretary

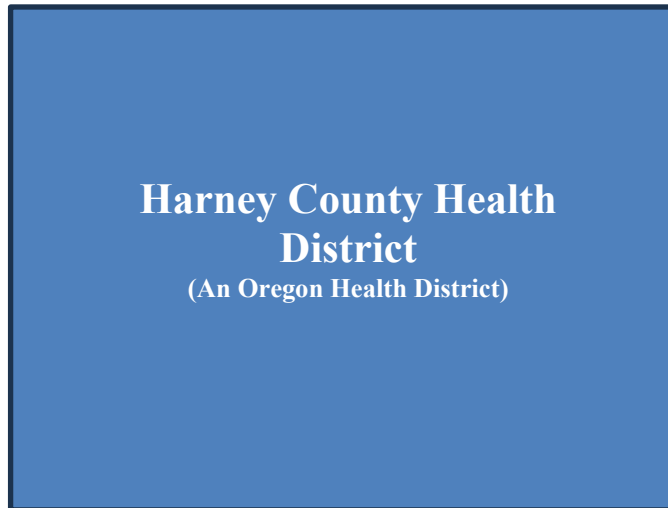
Jolene Cawfield

Attachment G

Exhibit 1.c.

Organizational Chart or Structure

**ORGANIZATIONAL CHART
HARNEY COUNTY HEALTH DISTRICT**



Notes:

- Harney County Health District has no affiliates.

Attachment G

Exhibit 1.d.

HCMO-1b: Business Entities Form

Health Care Market Oversight (HCMO) Program

HCMO-1b: Business Entities Form

List all business entities associated with parties to the proposed material change transaction that are currently registered to operate in Oregon. Please add additional rows or pages as needed. Submit the completed form in a portable document form (pdf) to hcmo.info@oha.oregon.gov. This form will be published.

Definitions

“Business Name” refers to the legal business name as reported to the Internal Revenue Service.

“Assumed Business Name” has the meaning provided in ORS 648.005.

“Business Structure” refers to type of structure, such as a corporation, partnership, LLC, or other.

“Date Formed or Incorporated” refers to the date when the business entity was formed or incorporated.

“Jurisdiction” refers to the state of domestic registration.

“Principal Place of Business” is the physical street address where the business is located.

“FEIN” means the 9-digit federal tax identification number assigned by the Internal Revenue Service.

Business entities associated with Party A

Entity Name: Harney County Health District

Business Name	Assumed Business Name	Business Structure	Date Formed or Incorporated	Jurisdiction	Principal Place of Business	FEIN
Harney County Health District	NA	501(c)(3) public health district	March 27, 1990	Oregon	557 W. Washington Street, Burns, Oregon 97720	93-6002332
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Attachment G

Exhibit 1.e.

Financial Statements



Financial Statements
June 30, 2023

Harney County Health District

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Directory of Officials

Elected

Board of Directors:

Sharon Davis, Board Chair
Ann Vloedman
Dan Brown, Board Secretary
Dave Ferre, Board Treasurer
Shana Withee
Brad Erbe

Appointed

Administrator:

Dan Grigg, CEO

Mailing Address

District:

Harney District Hospital
557 W. Washington
Burns, OR 97720



Independent Auditor's Report

The Board of Directors
Harney County Health District
Burns, Oregon

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of Harney County Health District (the District) and a discretely presented component unit, Harney Hospital Foundation, as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the District and of its discretely presented component unit as of June 30, 2023 and the respective changes in financial position and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). 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 the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Adoption of New Accounting Standard

As discussed in Note 1 to the financial statements, the District has adopted the provisions of Government Accounting Standards Board (GASB) Statement No. 96, *Subscription-Based Information Technology Arrangements*, for the year ended June 30, 2023. 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 the District's ability to continue as a going concern for twelve 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 opinions. 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 and *Government Auditing Standards* 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 and *Government Auditing Standards*, 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 District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of the proportionate share of the net pension liability (asset), and schedule of employer contributions, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our 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 audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's financial statements. The Directory of Officials, Schedules of Resources and Expenditures – Budget vs. Actual, Schedule of Property Tax Transactions and Outstanding Balances, Statements of Net Position – Combining, and Statements of Revenues and Expenses and Changes in Net Position – Combining (supplementary information) are presented for purposes of additional analysis and are not required parts of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information, excluding the Directory of Officials, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the financial statements as a whole.

The Directory of Officials has not been subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated December 14, 2023, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Other Reporting Required by Regulatory Requirements

In accordance with the *Minimum Standards of Audits of Oregon Municipal Corporations*, we have issued our report dated December 14, 2023, on our consideration of the District's compliance with certain provisions of laws and regulations, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules. The purpose of that report is to describe the scope of our testing of compliance and the results of that testing and not to provide an opinion on compliance.



Eide Bailly LLP

By:



Kevin Smith, CPA, Oregon Municipal Auditor, Lic#1527
Boise, Idaho
December 14, 2023



Harney District Hospital

557 W. WASHINGTON • BURNS, OR 97720 • 541-573-7281 • www.harneydh.com

Management's Discussion and Analysis Fiscal year ending June 30, 2023

Management of Harney County Health District (Health District or District) provides this Discussion and Analysis of the annual financial statements. This narrative and overview is for the fiscal years ending June 30, 2023 and 2022. Please consider this information in conjunction with the District's financial statements, which follow this section.

Using This Financial Report

Management's Discussion and Analysis introduces the financial statements, provides analysis of past events, commentary on the financial statements, and information on management's plans for the coming year. The basic financial statements consist of the Statements of Net Position, Statements of Revenues, Expenses and Changes in Net Position and Statements of Cash Flows. These statements will be briefly summarized in this report.

The District is a government entity, a political subdivision of the State of Oregon rendering hospital and other healthcare services to the residents of Harney County. The District operates a 25-bed acute care hospital, provides obstetric services, surgical services, emergency care, and ancillary services (laboratory, imaging, infusion, etc.). Outpatient clinic services are provided through the District-owned rural health clinic (RHC) and the NewSun Energy & HDH Specialty Care Clinic.

A seven-member Board of Directors governs the District. The members of the Board of Directors are elected for a term of four years. The Board has a duty to appoint a Chief Executive Officer and delegates the day-to-day operations of the District to the Chief Executive Officer.

The District levies and the County collects property taxes from the property owners in the County. The tax revenue is used to support the District in providing healthcare services to its members. Tax receipts represented approximately 4.3% and 3.4% of the District revenues for the years ended June 30, 2023 and 2022, respectively.

The District uses three independently balanced funds to account for all operations. The Operating Fund accounts for the operation of the Hospital, Family Care Clinic, and Specialty Care Clinic. This fund has almost all of the activity and most of the resources of Harney County Health District. The Medical Office Building Fund accounts for the operation of the Hotchkiss Building which houses the Family Care Clinic and HDH Physical Therapy. The Capital Trust Fund accounts for the funds provided to the hospital by the Hotchkiss Trust.

This trust is not owned by the District and is managed by US Bank. The earnings from the trust are used to assist in paying down the mortgage on the Medical Office Building. The results of these three funds are combined to create the financial statements of the District.

Additionally, the Harney District Hospital Foundation is a discretely presented component unit in these financial statements.

Notes to the financial statements provide additional information regarding the financial condition of the District. Management's philosophy is to provide extensive, transparent financial information that demonstrates the current financial health of the District.

Fiscal Year 2023 Overview

	2023	2022
Current and other assets	\$ 20,201,767	\$ 24,727,894
Capital assets	9,891,073	10,354,050
Total assets	30,092,840	35,081,944
Deferred outflow of resources	5,638,603	6,362,242
Current liabilities	3,451,941	6,403,805
Long-term liabilities	26,177,237	23,734,934
Total liabilities	29,629,178	30,138,739
Deferred inflow of resources	5,808,509	10,226,205
Invested in capital assets, net of related debt	(1,867,677)	(2,090,616)
Restricted		
Expendable for programs	12,270	11,637
Expendable for debt service	466,110	484,629
Unrestricted		
Board designated for capital improvement	3,038	2,950
Unrestricted	1,680,015	2,670,642
Total net position	\$ 293,756	\$ 1,079,242

Assets: For 2023, total assets decreased \$4,989,104 from the prior year. Net accounts receivable decreased by \$1,354,486. Cash equivalents in external investment pool decreased \$1,241,333. Total current assets decreased \$4,598,018. Total capital assets decreased \$462,977. Depreciation expense totaled \$1.3 million, which is a non-cash accounting expense.

- 2023 current assets in ratio to current liabilities was 5.6.

For 2022, total assets decreased \$3,447,093 from the prior year. Net accounts receivable decreased by \$505,800. Cash equivalents in external investment pool increased \$115,516. Total current assets decreased \$3,231,915. Total capital assets decreased \$300,556. Depreciation expense totaled \$1.2 million, which is a non-cash accounting expense.

- 2022 current assets in ratio to current liabilities was 3.8.

Liabilities: For 2023, total liabilities decreased \$509,561. Total current liabilities decreased \$2,951,864 due to provider relief funds being recognized in the current year and CMS refundable advance being paid back in the current year. Long-term debt decreased \$700,991. Net pension liability increased \$3,078,491.

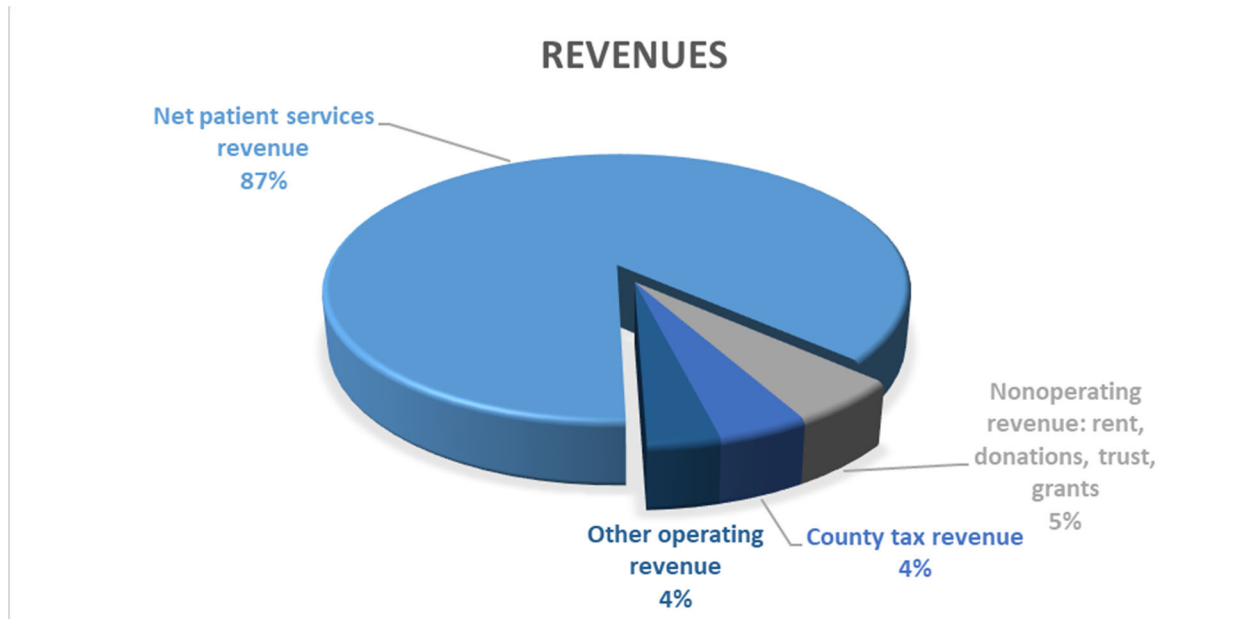
For 2022, total liabilities decreased \$14,024,932. Total current liabilities decreased \$984,717. Long-term debt decreased \$672,626. Net pension liability increased \$10,429,075.

Net Position: The District ended the 2023 fiscal year with a total net position of \$293,756.

Harney County Health District
Management's Discussion and Analysis
June 30, 2023

	2023	2022
Operating Revenues		
Net patient service revenues	\$ 29,658,392	\$ 28,675,112
Electronic health record incentive revenue	-	25,500
Other revenues	1,158,102	1,225,782
Total operating revenues	<u>30,816,494</u>	<u>29,926,394</u>
Operating Expenses		
Salaries and wages	15,995,561	14,125,423
Employee benefits	4,999,816	4,426,758
Purchased services and supplies	12,089,946	11,254,626
Depreciation and amortization	1,280,941	1,199,270
Total operating expenses	<u>34,366,264</u>	<u>31,006,077</u>
Operating Loss	<u>(3,549,770)</u>	<u>(1,079,683)</u>
Nonoperating Revenues (Expenses)		
Property taxes	1,448,562	1,282,502
Interest income	408,982	120,698
Gain on disposal of capital assets	-	20,000
Rental income	24,150	24,850
Trust income	46,200	46,355
Nonoperating grant revenue	1,323,301	427,931
Interest expense	(509,557)	(541,910)
Nonoperating revenues, net	<u>2,741,638</u>	<u>1,380,426</u>
Excess (Deficit) of Revenues Over Expenses Before Capital Grants and Contributions	(808,132)	300,743
Capital Grants and Contributions	<u>22,646</u>	<u>13,493</u>
Change in Net Position	(785,486)	314,236
Net Position, Beginning of Year	<u>1,079,242</u>	<u>765,006</u>
Net Position, End of Year	<u>\$ 293,756</u>	<u>\$ 1,079,242</u>

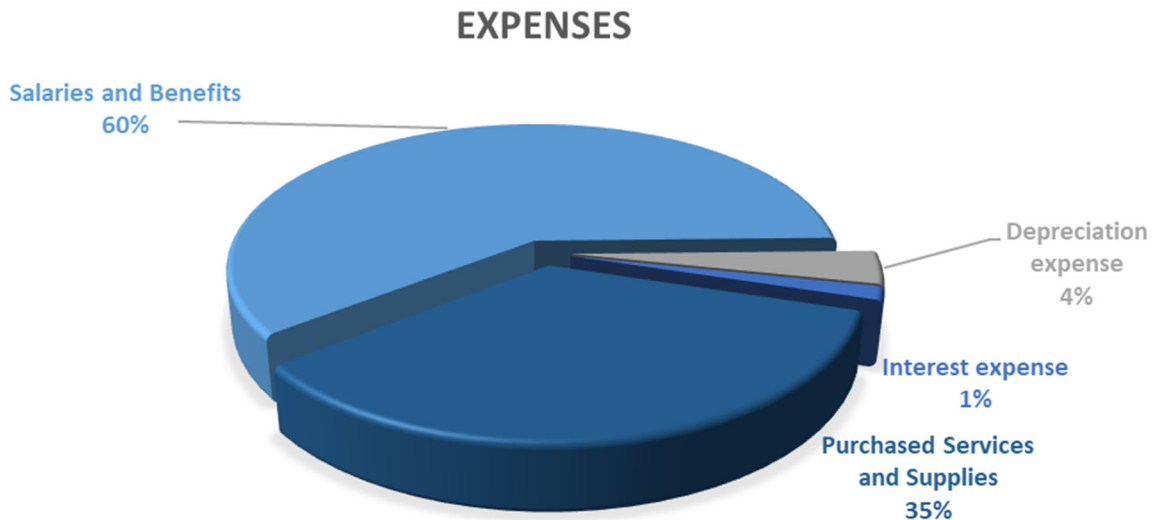
Revenues:



The primary source of revenue is from District operations which accounted for 91% of all revenue. Operating revenue consisted of \$29.7 million net patient service revenue and \$1.2 million other revenue. Nonoperating revenue accounted for 9% of total revenue is comprised of property taxes of \$1.5 million, interest income of \$408,982, rental income of \$24,150, Hotchkiss Trust income of \$46,200, and grant and contributions revenue of \$1,323,301.

For 2022, operating revenue accounted for 94% of all revenue consisting of \$28.7 million net patient service revenue and \$1.2 million other revenue. Nonoperating revenue was 2% of total revenue in 2022. Nonoperating revenue is comprised of property taxes of \$1.3 million, interest income of \$120,698, rental income of \$24,850, Hotchkiss Trust income of \$46,355, and grant and contributions revenue of \$427,931.

Expenses:



Virtually all expenses (98.4%) were generated by District operations. Employee salaries and benefits totaled \$21.0 million and accounted for 60% of all District expenditures. Purchased services and supplies totaled \$12 million and accounted for 35% of expenditures. Depreciation and amortization expense (a non-cash expense) totaled \$1.3 million and interest expense for the hospital building and equipment totaled \$509,557.

For 2022, 98.3% of expenses were generated by District operations. Employee salaries and benefits totaled \$18.6 million and accounted for 59% of all hospital expenditures. Purchased services and supplies totaled \$11 million and accounted for 35% of expenditures. Depreciation expense totaled \$1.2 million and interest expense for totaled \$541,910.

Capital Assets: Capital asset expenditures were \$755,449 this year. The District purchased hospital beds, a birthing bed, an ultrasound system for anesthesia, a 3D mammography machine, a chemistry analyzer, a CT system, and a portable x-ray.

Debt: No new debt was added during the fiscal year. The District's outstanding debt consists primarily of hospital building and medical office building debt. The District's outstanding building debt at June 30, 2023 was \$11.0 million for the hospital building and \$673,000 for the medical office building.

Contacting the District's Financial Management

This report provides the District patients, taxpayers, and creditors with a general overview of the District's finances and seeks to provide accountability for the funds it receives. For questions about this report or for additional financial information, contact Harney District Hospital Administration at 557 W. Washington St. Burns, OR 97720 or call 541-413-6059.

Harney County Health District
Statement of Net Position
June 30, 2023

Assets and Deferred Outflows of Resources

Current Assets

Cash and cash equivalents	\$ 337,557
Cash equivalents in external investment pool	12,881,122
Receivables	
Patient, net of estimated uncollectibles of \$729,000	2,984,037
Estimated third-party payor settlements	1,597,257
Property taxes	194,978
Other	927,237
Supplies	213,615
Prepaid expenses	331,440

Total current assets	19,467,243
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Noncurrent Cash Equivalents in External Investment Pool

Internally designated for specific operating purposes and capital improvements	3,038
Restricted for outreach programs	12,270
USDA debt reserve fund	466,110

Total noncurrent cash equivalents in external investment pool	481,418
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Capital Assets

Capital assets not being depreciated	230,072
Capital assets being depreciated, net	9,661,001

Total capital assets	9,891,073
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Right-to-Use Subscription IT Assets, Net	107,716
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Other Assets

Notes receivable	145,390
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Total assets	30,092,840
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Deferred Outflow of Resources

Pension	5,638,603
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Total assets and deferred outflows of resources	\$ 35,731,443
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Harney County Health District
Statement of Net Position
June 30, 2023

Liabilities, Deferred Inflows of Resources, and Net Position

Current Liabilities

Current maturities of subscription IT liabilities	\$ 47,471
Current maturities of long-term debt	700,992
Accounts payable	808,475
Accrued expenses	
Salaries and wages	450,147
Paid time off	601,578
Interest	42,902
Employee benefit plans	565,053
Payroll taxes	235,323
Total current liabilities	<u>3,451,941</u>

Long-Term Liabilities

Long-term subscription IT liabilities, less current maturities	64,803
Long-term debt, less current maturities	10,926,969
Net pension liability	15,185,465
Total long-term liabilities	<u>26,177,237</u>
Total liabilities	<u>29,629,178</u>

Deferred Inflows of Resources

Refunding costs	126,231
Pension plan	5,682,278
Total deferred inflows of resources	<u>5,808,509</u>

Net Position

Net investment in capital assets	(1,867,677)
Restricted	
Expendable for programs	12,270
Expendable for debt service	466,110
Unrestricted	
Board designated for capital improvement	3,038
Unrestricted	1,680,015
Total net position	<u>293,756</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 35,731,443</u>

Harney County Health District
Statement of Financial Position – Discretely Presented Component Unit
Harney Hospital Foundation
December 31, 2022

Assets

Cash and cash equivalents	\$ 434,896
Receivables	750
Endowment investments	<u>155,862</u>
Total assets	<u><u>\$ 591,508</u></u>

Net Assets

Without donor restrictions	\$ 248,851
With donor restrictions	<u>342,657</u>
Total net assets	<u><u>\$ 591,508</u></u>

Harney County Health District
Statement of Revenues, Expenses and Changes in Net Position
Year Ended June 30, 2023

Operating Revenues	
Net patient service revenue, net of provision for bad debts of \$1,427,193	\$ 29,658,392
Other revenues	<u>1,158,102</u>
Total operating revenues	<u>30,816,494</u>
Operating Expenses	
Salaries and wages	15,995,561
Employee benefits	4,999,816
Purchased services, professional fees, and supplies	12,089,946
Depreciation and amortization	<u>1,280,941</u>
Total operating expenses	<u>34,366,264</u>
Operating Loss	<u>(3,549,770)</u>
Nonoperating Revenues (Expenses)	
Property taxes	1,448,562
Interest income	408,982
Rental income	24,150
Trust income	46,200
Nonoperating grant revenue	1,323,301
Interest expense	<u>(509,557)</u>
Net nonoperating revenues (expenses)	<u>2,741,638</u>
Expenses in Excess of Revenues before Capital Grants and Contributions	(808,132)
Capital Grants and Contributions	<u>22,646</u>
Change in Net Position	(785,486)
Net Position, Beginning of Year	<u>1,079,242</u>
Net Position, End of Year	<u><u>\$ 293,756</u></u>

Harney County Health District
Statement of Activities – Discretely Presented Component Unit
Harney Hospital Foundation
Year Ended December 31, 2022

Support and Revenue Without Donor Restrictions

Support and revenue	
Contributions	\$ 33,710
In-kind contributions	67,657
Revenues from EOCCO	111,115
Net investment loss	(9,716)
Release from restriction	1,960

Total support and revenue	204,726
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Expenses

Contributions	19,515
Program and fundraising	20,261
General services and administrative	67,657

Total expenses	107,433
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Increase in Net Assets Without Donor Restrictions	97,293
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Changes in Net Assets With Donor Restrictions

Contributions for a specific purpose	242,117
Net assets released from restriction	(1,960)

Increase in Net Assets With Donor Restrictions	240,157
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Change in Net Assets	337,450
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Net Assets, Beginning of Year	254,058
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Net Assets, End of Year	\$ 591,508
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Harney County Health District

Statement of Cash Flows

Year Ended June 30, 2023

Operating Activities	
Receipts from and on behalf of patients	\$ 30,796,068
Receipts from other operating revenues	1,132,818
Payments to and on behalf of employees	(21,413,134)
Payments to suppliers, contractors and others	<u>(12,102,065)</u>
Net Cash used for Operating Activities	<u>(1,586,313)</u>
Noncapital Financing Activities	
Repayment of bank overdraft	(463,167)
Receipts from taxation	1,357,518
Receipts from nonoperating grants	1,323,301
Proceeds from trust	46,200
Repayment of provider relief funds	(1,287,382)
Recoupment of advance payments	<u>(1,447,874)</u>
Net Cash used for Noncapital Financing Activities	<u>(471,404)</u>
Capital and Related Financing Activities	
Purchase of capital assets	(755,449)
Principal payments on lease obligations	(8,703)
Receipts from contributions	22,646
Principal payments on long-term debt	(672,634)
Principal payments on subscription liabilities	(43,496)
Interest paid	<u>(527,720)</u>
Net Cash used for Capital and Related Financing Activities	<u>(1,985,356)</u>
Investing Activities	
Receipts from rental properties	24,150
Issuance of notes receivable	(47,792)
Interest income	<u>408,982</u>
Net Cash from Investing Activities	<u>385,340</u>
Net Change in Cash and Cash Equivalents	(3,657,733)
Cash and Cash Equivalents, Beginning of Year	<u>17,357,830</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 13,700,097</u></u>

Harney County Health District

Statement of Cash Flows

Year Ended June 30, 2023

Reconciliation of Cash and Cash Equivalents

to the statements of net position

Cash and cash equivalents in current assets	\$ 337,557
Cash equivalents in external investment pool	12,881,122
Noncurrent cash equivalents in external investment pool	<u>481,418</u>

Total cash and cash equivalents	<u><u>\$ 13,700,097</u></u>
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Reconciliation of Operating Loss to Net Cash used for

Operating Activities

Operating loss	\$ (3,549,770)
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Adjustments to reconcile operating loss to net cash
used for operating activities

Forgiveness of employee notes receivable	65,819
Depreciation and amortization	1,280,941
Provision for bad debts and charity care	1,427,193
Pension expense	(606,429)
Deferred outflow of resources - bond refunding	(9,137)

Changes in operating assets and liabilities

Receivables

Patient accounts	(72,707)
Other	(16,147)
Estimated third-party payor settlements	(216,810)

Supplies

Prepaid expenses	(29,080)
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Accounts payable	(43,322)
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Accrued expenses	60,283
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Salaries and wages	62,465
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Paid time off	(2,870)
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Employee benefit plans	27,571
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Payroll taxes	<u>35,687</u>
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Net Cash used for Operating Activities	<u><u>\$ (1,586,313)</u></u>
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Supplemental Disclosure of Non-Cash Capital Financing Activity

Subscription liability for the acquisition of a right to use subscription asset	<u><u>\$ 155,770</u></u>
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Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The financial statements of the Harney County Health District (the District or Hospital) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the District are described below.

Reporting Entity

The District is a 25-bed acute care hospital in Burns, Oregon. The District provides health care services to patients in the Harney County, Oregon market.

The District operates under the laws of the State of Oregon for Oregon municipal corporations. On March 27, 1990 the formation of a health district was approved by Harney County voters in accordance with ORS 440.320. Effective July 1, 1990 all property was deeded to the District from Harney County and Harney County Hospital began operations as Harney County Health District. The District is supported by a permanent tax base in the amount of \$1.9314 per \$1,000 of assessed value of all taxable property within the District which was approved by voters on May 21, 1996. The District is governed by an elected seven-member Board of Directors that exercises governing oversight responsibility for the District which includes such duties as budget review, care of patients, and management of the facilities. As organized, the District is exempt from payment of federal and state income tax under Internal Revenue Code Section 501(a).

For financial reporting purposes, the District has included all funds, organizations, account groups, boards, commissions and authorities. The District has also considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the District are such that exclusion would cause the District's financial statements to be misleading or incomplete. The Government Accounting Standards Board (GASB) has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the District to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the District.

Discretely Presented Component Unit

Harney Hospital Foundation (the Foundation) was established for health care purposes and to advance and assist in the development, growth, and operation of the District. Funds raised are distributed to the Burns, Oregon community primarily through the purchase of property and equipment, supplies, and support. The Foundation has a December 31 year end and the balances presented are as of December 31. The Foundation has been determined to be a component unit and is presented as a discretely presented component unit in the District's financial statements.

Measurement Focus and Basis of Accounting

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

Basis of Presentation

The statement of net position displays the District's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following categories/components:

Net investment in capital assets consists of net capital assets reduced by the outstanding balances of any related debt obligations and deferred inflows of resources attributable to the acquisition, construction or improvement of those assets or the related debt obligations and increased by balances of deferred outflows of resources related to those assets or debt obligations.

Restricted net position:

Restricted – expendable net position results when constraints placed on net position use are either externally imposed or imposed through enabling legislation. Restricted expendable net position at June 30, 2023 for programs totaled \$12,270. Restricted expendable net position at June 30, 2023 for debt service totaled \$466,110.

Restricted - nonexpendable net position is subject to externally imposed stipulations which require them to be maintained permanently by the District. The District has none at June 30, 2023.

Unrestricted net position consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management which can be removed or modified.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the District's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Budgetary Information

The District adopts an annual budget in accordance with Oregon statutes. The budget is adopted on a basis consistent with generally accepted accounting principles. The legal level of budgetary control (i.e. the level at which expenses may not legally exceed appropriations) is at the fund level. Appropriations, except remaining project appropriations and encumbrances, lapse at the end of the fiscal year.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statements of cash flows, the District considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

Restricted Cash

Cash that has restrictions which change the nature or normal understanding of availability of the asset is reported separately on the statements of net position. Restricted cash available for obligations classified as current liabilities are reported as current assets.

Current Cash and Cash Equivalents in External Investment Pool

Current cash and cash equivalents in external investment pool are funds without restrictions as to use.

Noncurrent Cash Equivalents in External Investment Pool

Noncurrent cash equivalents include expendable assets restricted by the United States Department of Agriculture (USDA) debt reserve fund, and internally designated assets set aside by the Board of Directors for future capital replacements and outreach programs. The USDA debt reserve fund, in accordance with the District's agreement with the USDA, is only to be used for emergency purposes with prior authorization from USDA – Rural Development, for the entire life of the loan. The Board of Directors retains control of the assets designated for future capital replacements and outreach programs, and may at its discretion subsequently use them for other purposes.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Property Tax Revenue and Receivable

Property taxes are levied by the District and collected by the Harney County Treasurer for operations. Taxes estimated to be collectible are recorded as receivables and revenue in the year of the levy. Property taxes are levied by Harney County, Oregon (the County) on the District's behalf on July 1 and are intended to finance the District's activities of the same fiscal year. Amounts levied are based on assessed property values as of October 1. Property tax balances due to the County after May 15 are considered delinquent. No allowance for uncollectible amounts has been recorded.

Supplies

Supplies are stated at the lower of cost (first-in, first-out) or net realizable value and are expensed when used.

Interest Income

Interest is included in nonoperating revenues when earned.

Capital Assets

Capital asset acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of capital assets are as follows:

Buildings	10-40 years
Equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position and are excluded from expenses in excess of revenues. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net position.

Right-to-Use Subscription IT Assets

Right-to-use subscription IT assets are recognized at the subscription commencement date and represent the District's right-to-use the underlying IT asset for the subscription term. Right-to-use subscription IT assets are measured at the initial value of the subscription liability plus any payments made to the vendor at the commencement of the subscription term, less any subscription incentives received from the vendor at or before the commencement of the subscription term, plus any capitalizable initial implementation costs necessary to place the subscription asset into service. Right-to-use subscription IT assets are amortized over the shorter of the subscription term or useful life of the underlying asset using the straight-line method. The amortization period is 5 years.

Subscription Liabilities

Subscription Liabilities represent the District's obligation to make subscription payments arising from the subscription contract. Subscription liabilities are recognized at the subscription commencement date based on the present value of future subscription payments expected to be made during the subscription term. The present value of subscription payments are discounted based on a borrowing rate determined by the District.

Notes Receivable

The District issues notes to physicians as part of its recruitment process. Notes are repayable over a minimum of a six month period to a maximum of a three-year period and do not bear interest. The notes are issued with forgiveness provisions over the life of the note to encourage retention. It is anticipated that the balance of the notes will be forgiven.

At June 30, 2023, notes receivable from physicians and employees totaled \$145,390.

Deferred Outflows of Resources

Deferred outflows of resources represent a consumption of net position that applies to future periods and so will not be recognized as an outflow of resources (expense) until then. The District has deferred amounts related to pensions. This amount is deferred and recognized as an outflow of resources in the period when the District recognizes pension expense. Deferred outflows are included in the statements of net position.

Compensated Absences

The District's employees earn paid time-off days at varying rates depending on years of service. Employees may accumulate paid time-off up to a specified maximum. Employees are paid for accumulated paid time-off upon termination.

Pensions

For purposes of measuring the net pension liability, deferred outflows of resources, deferred inflows of resources related to pensions, and pension income, information about the fiduciary net position of the Oregon Public Employees Retirement System (OPERS) and additions to/deductions from OPERS's fiduciary net position have been determined on the same basis as they are reported by OPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms.

Deferred Inflows of Resources

The District reports a separate section for deferred inflows of resources. This separate financial statement element reflects an increase in net position that applies to future periods. The District will not recognize the related revenues until a future event occurs. The deferred inflows of resources reported in the financial statements are pension plan and deferred refunding costs. The pension plan results from the difference between the expected and actual experience of the pension plan. Deferred refunding costs are amortized over the shorter of the remaining life of the refunded bonds or the refunding bonds as a component of interest expense.

Operating Revenues and Expenses

The District's statements of revenues and expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the District's principal activity. Non-exchange revenues, including revenues from property tax assessments, interest income, rental income, trust income and grants and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating expenses consist primarily of financing costs.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The District provides care services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the District does not pursue collection of these amounts, they are not reported as patient service revenue. The estimated cost of providing these services was approximately \$10,000 for the year ended June 30, 2023, calculated by multiplying the ratio of cost to gross charges for the District by the gross uncompensated charges associated with providing charity care to its patients.

Grants and Contributions

The District may receive grants as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after expenses in excess of revenues.

Implementation of GASB Statement No. 96

As of July 1, 2022, the District adopted GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (SBITAs). The implementation of this standard establishes that a SBITA results in a right to use subscription IT asset—an intangible asset and a corresponding liability. The standard provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA. The Statement requires recognition of certain SBITA assets and liabilities for SBITAs that previously were recognized as outflows of resources based on the payment provisions of the contract. As a result of implementing this standard, the District did not recognize a right-to-use subscription asset and subscription liability as of July 1, 2022, since the SBITAs were added in the current year and there was no effect on beginning net position. The additional disclosures required by this standard are included in Note 5.

Note 2 - Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: The District is licensed as a Critical Access Hospital (CAH). The District is reimbursed for most acute care services at cost plus one percent with final settlement determined after submission of annual cost reports by the District and are subject to audits thereof by the Medicare Administrative Contractor (MAC). The District's Medicare cost reports have been audited by the MAC through the year ended June 30, 2021. Clinical services are paid on a cost basis or fixed fee schedule.

Medicaid: Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services related to Medicaid beneficiaries are paid based on the lower of customary charges, allowable cost as determined through the District's Medicare cost report, or rates as established by the Medicaid program. The District is reimbursed at a tentative rate with final settlement determined by the program based on the District's final Medicaid cost report. The District's final Medicaid settlements have been processed through the year ended June 30, 2019.

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

Concentration of gross revenues by major payor accounted for the following percentages of the District's patient service revenues for the year ended June 30, 2023:

Medicare	48%
Medicaid	23%
Commercial insurance and other third party payors	27%
Patients	2%
	100%

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient service revenue for the year ended June 30, 2023, decreased approximately \$100,000, due to removal of allowances previously estimated that are no longer necessary as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations.

The District participates in the Eastern Oregon Coordinated Care Organization (EOCCO), which is a Coordinated Care Organization serving Oregon Health Plan members. The District receives amounts related to the EOCCO alternative payment model/shared savings risk contract. As of June 30, 2023, there was a receivable amount of \$927,237. These amounts are included in other receivables in the statements of net position. Additional EOCCO funds will be recorded as received.

Note 3 - Deposits, Investments, and Investment Income

Summary of Carrying Amounts

The carrying amounts of deposits and the Local Government Investment Pool as of June 30, 2023, is as follows:

Carrying Amount	
Cash and cash equivalents	\$ 337,557
Local Government External Investment Pool	<u>13,362,540</u>
	<u><u>\$ 13,700,097</u></u>

The carrying amounts of the District's deposits and investments shown above are included in the statement of net position at June 30, 2023, as follows:

Included in the following statement of net position captions	
Cash and cash equivalents	\$ 337,557
Cash equivalents in external investment pool	12,881,122
Noncurrent board designated for capital improvement	3,038
Restricted for outreach programs	12,270
USDA debt reserve fund	<u>466,110</u>
Total	<u><u>\$ 13,700,097</u></u>

Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the District's deposits may not be returned to it. The District does not have a policy for custodial credit risk. State statute requires that any deposits in excess of federal depository insurance coverage limits, currently set at \$250,000, may only be held in a depository qualified by the Oregon Public Funds Collateralization Program.

The District's deposits in banks at June 30, 2023, was entirely covered by federal depository insurance or by collateral as part of the Oregon Public Funds Collateralization Program.

External Investment Pool

The District is invested in the Local Government Investment Pool (LGIP), which is included in the Oregon Short-Term Fund (OSTF). The OSTF is an external investment pool, as defined in GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*. The OSTF is not registered with the U.S. Securities and Exchange Commission as an investment company. Fair value of the LGIP is calculated at the same value as the number of pool shares owned. Investments in the Short-Term Fund are governed by ORS 294.135, Oregon Investment Council, and portfolio guidelines issued by the Oregon Short-Term Fund Board. The LGIP exchanges shares at \$1.00 per share; an investment in the LGIP is neither insured nor guaranteed by the FDIC or any other government agency. Although the LGIP seeks to maintain the net asset value of share investments at \$1.00 per share, it is possible to lose money by investing in the pool.

Noncurrent investments in external investment pool consist of funds restricted in accordance with bond indenture agreements and funds internally designated by the Board for future capital asset acquisitions and outreach programs. Investments that are available for obligations classified as current liabilities are reported in current assets.

Chapter 294 of the Oregon Revised Statutes authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government debt obligations; time deposit accounts, certificates of deposit, and savings accounts in qualified public depositories; the State of Oregon local government investment pool; and certain other investments. The District's investment policy specifies that investments will be limited to demand deposits with approved institutions, the Oregon Local Government Investment Pool, direct obligations of the United States and obligations guaranteed by the United States, and certificates of deposit with Oregon banks.

The District's investment in the LGIP are reported at fair value, as discussed in Note 1. At June 30, 2023, the LGIP was not rated by an independent rating agency. The District's investments in LGIP at June 30, 2023, and related maturities was as follows:

Oregon State Local Government Investment Pool	Daily	\$ 13,362,540
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Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. State Statutes generally limit investment maturities to 18 months, or the date of anticipated use of the funds. The District does not have a formal policy in place that further limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. The District matches investment maturities with anticipated cash flow requirements.

Credit Risk

State Statutes limit the investment in bonds issued by the State of Oregon and its political subdivisions to bonds with one of the three highest credit ratings of a nationally recognized rating. State Statutes limit the investment in bonds issued by the States of California, Idaho, and Washington and political subdivisions of those states to bonds with one of the two highest credit ratings of a nationally recognized rating. The District does not have a formal policy in place that further limits credit risk. The Oregon Local Government Investment Pool does not have a rating. The Investment Pool invests as defined by State Statute.

Concentration of Credit Risk

The District does not have a formal policy in place limiting the amount that may be invested with any one bank or in any specific investment.

Note 4 - Capital Assets

Capital asset additions, transfers, retirements and balances for year ended June 30, 2023, are as follows:

	Balance June 30, 2022	Additions / Transfers	Retirements	Balance June 30, 2023
Capital assets not being depreciated				
Land	\$ 230,072	\$ -	\$ -	\$ 230,072
Construction in process	579,945	(579,945)	-	-
	<u>810,017</u>	<u>(579,945)</u>	<u>-</u>	<u>230,072</u>
Capital assets being depreciated				
Buildings	23,539,437	-	-	23,539,437
Equipment	8,181,793	1,335,395	(182,418)	9,334,770
	<u>31,721,230</u>	<u>1,335,395</u>	<u>(182,418)</u>	<u>32,874,207</u>
Total capital assets being depreciated				
	<u>31,721,230</u>	<u>1,335,395</u>	<u>(182,418)</u>	<u>32,874,207</u>
Less Accumulated Depreciation	<u>22,177,197</u>	<u>1,218,427</u>	<u>(182,418)</u>	<u>23,213,206</u>
Capital assets being depreciated, net	<u>9,544,033</u>	<u>116,968</u>	<u>-</u>	<u>9,661,001</u>
Capital Assets, Net	<u>\$ 10,354,050</u>	<u>\$ (462,977)</u>	<u>\$ -</u>	<u>\$ 9,891,073</u>

Note 5 - Subscription-Based Information Technology Arrangements (SBITAs)

During the current year, the District recognized SBITA contracts for the use of various software. As of June 30, 2023, the value of the subscription liability was \$112,274 and the subscription asset was \$107,716. The District is required to make annual principal and interest payments ranging from approximately \$57,700 to \$22,700 through July 2026. The subscription has an interest rate of approximately 9.14%.

Right-to-use subscription IT additions, deletions, and balances for the year ended June 30, 2023, are as follows:

	Balance July 1, 2022	Additions	Deletions	Balance June 30, 2023
Right-to-use subscription IT assets being amortized	\$ -	\$ 155,770	\$ -	\$ 155,770
Less accumulated amortization	-	(48,054)	-	(48,054)
	<u>\$ -</u>	<u>\$ 107,716</u>	<u>\$ -</u>	<u>\$ 107,716</u>

A summary of the changes in subscription IT liabilities during the year ended June 30, 2023 is as follows:

	<u>Balance</u> <u>July 1, 2022</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance</u> <u>June 30, 2023</u>	<u>Due Within</u> <u>One Year</u>
Subscription IT Liabilities	\$ -	\$ 155,770	\$ (43,496)	\$ 112,274	\$ 47,471

Remaining principal and interest payments on subscriptions are as follows:

<u>Years Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2024	\$ 47,471	\$ 10,262
2025	24,934	5,923
2026	19,063	3,644
2027	20,806	1,902
	<u>\$ 112,274</u>	<u>\$ 21,731</u>

Note 6 - Long-Term Debt

A schedule of changes in the District's long-term debt for the year ended June 30, 2023 is as follows:

	<u>Balance</u> <u>June 30, 2022</u>	<u>Additions</u>	<u>Reductions</u>	<u>Balance</u> <u>June 30, 2023</u>	<u>Due Within</u> <u>One Year</u>
Bank of Eastern Oregon	\$ 2,097,429	\$ -	\$ (212,485)	\$ 1,884,944	\$ 222,248
2018 Refunded State of Oregon Economic and Community Development #2	1,907,770	-	(152,285)	1,755,485	158,444
US Department of Agriculture	7,469,384	-	(154,852)	7,314,532	161,300
2018 Refunded US Bank	826,000	-	(153,000)	673,000	159,000
Total bonds and notes	<u>\$12,300,583</u>	<u>\$ -</u>	<u>\$ (672,622)</u>	<u>\$ 11,627,961</u>	<u>\$ 700,992</u>

The terms and due dates of the District's long-term debt at June 30, 2023 are as follows:

Note payable to Bank of Eastern Oregon, due in monthly installments of \$25,210, including interest at 4.5%, through October 2030. The note is collateralized by the hospital building. Outstanding balance of the note payable at June 30, 2023 was \$1,884,944.

During 2018, the Hospital refunded debt in the amount of \$2,476,377, due in annual principal installments of amounts ranging from \$146,000 to \$235,000, and semi-annual variable rate interest payments of 5.0% through December 2031. The note is collateralized by the hospital building. Outstanding balance of the note payable at June 30, 2023 was \$1,755,485. The advance refunding resulting in a difference between the reacquisition price and net carrying amount of the old debt of \$259,198. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, is being charged to operations through the term of the note payable using the straight-line method. The Hospital completed its advance refunding to reduce its total debt service payments by approximately \$273,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$298,000.

Revenue bond payable to the United States Department of Agriculture, due in annual installments of \$411,760, including interest at 4.125%, through June 2049. The District has pledged tax revenue for satisfaction of the annual debt service requirement. Outstanding balance of the revenue bond payable at June 30, 2023 was \$7,314,532.

During 2018, the Hospital refunded debt in the amount of \$1,280,000, due in annual principal installments of amounts ranging from \$145,000 to \$179,000 and semi-annual variable interest rate payments of 3.710%, through December 2026. The note is collateralized by buildings and land. Outstanding balance on the note payable at June 30, 2023 was \$673,000. The advance refunding resulted in a difference between the reacquisition price and net carrying amount of the old debt of \$85,000. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, is being charged to operations through the term of the note payable using the straight-line method. The Hospital completed its advance refunding to reduce its total debt service payments over the next 8 years by approximately \$176,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$106,000.

Pledged Revenues

The District has pledged future general revenues for satisfaction of the \$9,000,000 United States Department of Agriculture revenue bonds issued in June 2009. Proceeds from the bonds were used for construction of the hospital building. Principal and interest on the bonds are payable through June 2049. Annual principal and interest on the bonds are expected to require 2 percent of revenues. Principal and interest paid for the current year was \$466,111. Revenues totaled \$43,744,717 for the year. At June 30, 2023, pledged future revenues totaled \$12,581,926, which was the amount of the remaining principal and interest on the bonds.

Future anticipated schedule of long-term debt payments for all long-term debt, at anticipated amounts, are as follows:

<u>Years Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2024	\$ 700,992	\$ 492,949
2025	749,866	467,773
2026	765,017	429,449
2027	798,870	395,872
2028	650,588	398,707
2029-2033	2,599,625	1,365,620
2034-2038	1,318,379	1,012,176
2039-2043	1,616,938	713,617
2044-2048	1,983,173	347,381
2049-2051	444,513	18,528
Total	<u><u>\$11,627,961</u></u>	<u><u>\$ 5,642,072</u></u>

Note 7 - Pension Plans

The District contributes to two pension plans administered by the Oregon Public Employees Retirement System (PERS). The Oregon Public Employees Retirement Fund (OPERF) applies to the District's contribution for qualifying employees who were hired before August 29, 2003, and is a cost-sharing multiple-employer defined benefit pension plan. The Oregon Public Service Retirement Plan (OPSRP) is hybrid successor plan to the OPERF and consists of two programs: The Pension Program, the defined benefit portion of the plan, applies to qualifying district employees hired after August 29, 2003. Benefits are calculated by a formula for members who attain normal retirement age. The formula takes into account final average salary and years of service. Beginning January 1, 2004, all PERS member contributions go into the Individual Account Program (IAP), the defined contribution portion of the plan. PERS members retain their existing PERS account, but any future member contributions are deposited into the member's IAP, not the member's PERS account.

Both PERS plans provide retirement and disability benefits, post-employment healthcare benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. PERS is administered under Oregon Revised Statute Chapter 238, which establishes the Public Employees Retirement Board as the governing body of PERS. PERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to PERS, P.O. Box 23700, Tigard, OR, 97281-3700 or by calling 503-598-7377.

Benefits Provided

1. OPSRP Pension Program (OPSRP DB)

Pension Benefits

The Pension Program (ORS Chapter 238A) provides benefits to members hired on or after August 29, 2003. This portion of OPSRP provides a life pension funded by employer contributions. Benefits are calculated with the following formula for members who attain normal retirement age:

General Service: 1.5 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for general service members is age 65, or age 58 with 30 years of retirement credit.

A member of the OPSRP Pension Program becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, and, if the pension program is terminated, the date on which termination becomes effective.

Death Benefits

Upon the death of a non-retired member, the spouse or other person who is constitutionally required to be treated in the same manner as the spouse, receives for life 50 percent of the pension that would otherwise have been paid to the deceased member.

Disability Benefits

A member who has accrued 10 or more years of retirement credits before the member becomes disabled or a member who becomes disabled due to job-related injury shall receive a disability benefit of 45 percent of the member's salary determined as of the last full month of employment before the disability occurred.

2. OPSRP Individual Account Program (OPSRP IAP)

Pension Benefits

An IAP member becomes vested on the date the employee account is established or on the date the rollover account was established. If the employer makes optional employer contributions for a member, the member becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, the date the IAP is terminated, the date the active member becomes disabled, or the date the active member dies.

Upon retirement, a member of the OPSRP Individual Account Program (IAP) may receive the amounts in his or her employee account, rollover account, and vested employer account as a lump-sum payment or in equal installments over a 5-, 10-, 15-, 20-year period or an anticipated life span option. Each distribution option has a \$200 minimum distribution limit.

Death Benefits

Upon the death of a non-retired member, the beneficiary receives in a lump sum the member's account balance, rollover account balance, and vested employer optional contribution account balance. If a retired member dies before the installment payments are completed, the beneficiary may receive the remaining installment payments or choose a lump-sum payment.

Recordkeeping

OPERS contracts with VOYA Financial to maintain IAP participant records.

Contributions

PERS funding policy provides for monthly employer contributions at actuarially determined rates. These contributions, expressed as a percentage of covered payroll, are intended to accumulate sufficient assets to pay benefits when due. This funding policy applies to the PERS Defined Benefit Plan and the Other Postemployment Benefit Plans. Employer contribution rates during the period were based on the December 31, 2015 actuarial valuation, which became effective July 1, 2017. Employer contributions for the year ended June 30, 2023 was \$2,294,160, excluding amounts to fund employer specific liabilities. The rates in effect for the fiscal year ended June 30, 2023 were 18.99 percent for OPSRP Pension Program General Service Members, and 6 percent for OPSRP Individual Account Program.

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

At June 30, 2023, the District reported a liability of \$15,185,465 for its proportionate share of the net pension liability. The net pension liability as of June 30, 2023 was measured as of June 30, 2022, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2019 and rolled forward to June 30, 2022. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating entities, actuarially determined. At June 30, 2022, the District's proportion was 0.09917358 percent, which changed from the 0.10117406 percent measured as of June 30, 2021.

For the year ended June 30, 2023, the District recognized pension expense of \$606,429. At June 30, 2023, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	\$ 737,132	\$ 94,699
Changes of assumptions or other inputs	2,382,681	21,768
Net difference between projected and actual earnings on pension plan investments	-	2,714,867
Changes in proportionate share	224,630	562,304
Differences between employer contributions and employer's proportionate share of system contributions	-	2,288,640
Contributions subsequent to the measurement date	2,294,160	-
Total	<u>\$ 5,638,603</u>	<u>\$ 5,682,278</u>

The District's contributions made subsequent to the measurement date will be recognized in the District's pension expense in the following year. The net amount of the District's remaining deferred outflows of resources and deferred inflows of resources that will be recognized in the District's pension expense in the subsequent five years in the aggregate are shown in the table below.

<u>Years Ended June 30,</u>	<u>Amount</u>
2024	\$ (416,716)
2025	(867,977)
2026	(1,669,777)
2027	817,492
2028	(200,857)
	<u>\$ (2,337,835)</u>

Actuarial Assumptions

The employer contribution rates effective July 1, 2021 through June 30, 2023 are set using the entry age normal actuarial cost method. For the OPSRP Pension Program component of the PERS Defined Benefit Plan, this method produced an employer contribution rate consistent of an amount for the normal cost (the estimated amount necessary to finance benefits earned by the employees during the current service year), (b) an actuarially determined amount for funding a disability benefit component, and (c) an amount for the amortization of unfunded actuarially accrued liabilities, which are being amortized over a fixed period with new unfunded actuarially accrued liabilities being amortized over 16 years.

The total pension liability in the December 31, 2019 actuarial valuation was determined using the following actuarial assumptions:

Valuation Date	December 31, 2020
Measurement Date	June 30, 2022
Experience Study	2020, published July 2021
Actuarial assumptions:	
Actuarial cost method	Entry Age Normal
Inflation rate:	2.40 percent
Long term expected rate of	6.90 percent
Discount rate	6.90 percent
Projected of salary increase	3.40 percent
Cost of living adjustments (COLA)	Blend of 2.00% COLA and graded COLA (1.25%/0.15%) in accordance with <i>Moro</i> decision; blend based on service
Mortality	Healthy retirees and beneficiaries: Pub-2010 Healthy Retiree, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Active members: Pub-2010 Employee, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Disabled retirees: Pub-2010 Disabled retiree, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation.

Actuarial valuations of an ongoing plan involve estimates of the value of projected benefits and assumptions about the probability of events far into the future. Actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.

Experience studies are performed as of December 31 of even numbered years. The methods and assumptions shown above are based on the 2018 Experience Study which reviewed experience for the four-year period ending on December 31, 2018.

Long-Term Expected Rate of Return

To develop an analytical basis for the selection of the long-term expected rate of return assumption, in July 2018 the PERS Board reviewed long-term assumptions developed by both Milliman's capital market assumptions team and the Oregon Investment Council's (OIC) investment advisors. The table below shows Milliman's assumptions for each of the asset classes in which the plan was invested at that time based on the OIC long-term target asset allocation. The OIC's description of each asset class was used to map the target allocation to the asset classes shown below. Each asset class assumption is based on a consistent set of underlying assumptions, and includes adjustment for the inflation assumption. These assumptions are not based on historical returns, but instead are based on a forward-looking capital market economic model.

<u>Asset Class</u>	<u>Target Allocation</u>	<u>20-year Annualized Geometric Mean</u>
Global Equity	30.62%	5.85%
Private Equity	25.50%	7.71%
Core Fixed Income	23.75%	2.73%
Real Estate	12.25%	5.66%
Master Limited	1.00%	5.71%
Infrastructure	1.50%	6.26%
Commodities	0.63%	3.10%
Hedge Fund - Marco	1.25%	5.11%
Hedge Fund Equity - Hedge	0.63%	5.31%
Hedge Fund of Funds - Multistrategy	5.62%	5.06%
US Cash	-2.50%	1.76%
Total	100.00%	
Assumed Inflation - Mean		2.40%

Discount Rate

The discount rate used to measure the total pension liability was 6.9 percent for the Defined Benefit Pension Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments for the Defined Benefit Pension Plan was applied to all periods of projected benefit payments to determine the total pension liability.

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

The following presents the District's proportionate share of the net pension liability calculated using the discount rate of 6.9 percent, as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.9 percent) or 1-percentage-point higher (7.9 percent) than the current rate:

	<u>1% Decrease (5.90%)</u>	<u>Current Discount Rate (6.90%)</u>	<u>1% Increase (7.90%)</u>
Proportionate share	\$ 26,930,108	\$ 15,185,465	\$ 5,355,741

Note 8 - Concentrations of Credit Risk

The District grants credit without collateral to its patient, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2023 was as follows:

Medicare	32%
Medicaid	20%
Commercial insurance and other third party payors	26%
Patients	<u>22%</u>
	<u><u>100%</u></u>

Note 9 - Contingencies

Risk Management Insurance

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

Malpractice Insurance

The District has professional liability insurance coverage to provide protection on a "claims-made" basis whereby only malpractice claims reported to the insurance carrier in the current year are covered by the current policy. If there are unreported incidents which result in a malpractice claim in the current year, such claims will be covered in the year the claim is reported to the insurance carrier only if the District purchases claims-made insurance in that year or the District purchases "tail" insurance to cover the claims incurred before, but reported to the insurance carrier after, cancellation or expiration of the claims-made policy.

The current malpractice insurance provides \$2,000,000 per claim of primary coverage with \$5,000,000 aggregate limit. There are no significant deductibles or coinsurance clauses.

No liability has been accrued for future coverage for acts, if any, occurring in this or prior years. Also, it is possible that claims may exceed coverage available in any given year.

Litigation, Claims, and Disputes

The District is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the District.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

Collective Bargaining Agreements

As of June 30, 2023, approximately 7% of the District's employees were represented by one separate collective bargaining unit. The agreement extends through June 30, 2024.

Note 10 - Transfers

<u>Fund</u>	<u>Transfers In</u>	<u>Transfers Out</u>
Medical Office Building Sub-Fund	\$ 46,200	\$ -
Capital Trust Sub-Fund	-	(46,200)
	<u>\$ 46,200</u>	<u>\$ (46,200)</u>

The earnings in the capital trust fund are restricted by the trust for District capital purchases. After the construction of the medical office building, trust income has been used to pay the debt for this construction. The transfer from the operating fund was made to meet the debt payment requirements.



Required Supplementary Information
June 30, 2023

Harney County Health District

Harney County Health District
Schedule of the Proportionate Share of Net Pension Liability (Asset)
Last Ten Years*

Year Ended June 30,	District's proportion of the net pension liability (asset)	District's proportionate share of the net liability (asset)	District's covered payroll	District's proportionate share of the net pension liability (asset) as a percentage of covered payroll	Plan fiduciary net position as a percentage of the total liability
2023	0.09917358%	\$ 15,185,465	\$ 12,884,700	117.86%	84.5%
2022	0.10117406%	12,106,974	10,421,123	116.18%	87.6%
2021	0.10326534%	22,536,049	11,992,370	187.92%	75.8%
2020	0.10425561%	18,033,724	12,581,795	143.33%	80.2%
2019	0.09605782%	14,551,495	12,516,523	116.26%	82.1%
2018	0.09562587%	12,890,403	10,757,913	119.82%	83.1%
2017	0.09187897%	13,793,167	10,350,050	133.27%	80.5%
2016	0.08710214%	5,000,936	10,317,663	48.47%	88.4%
2015	0.06738475%	(1,527,420)	9,362,004	-16.32%	103.6%
2014	0.06738475%	3,438,743	8,332,845	41.27%	92.0%

The amounts presented for each fiscal year were actuarially determined at December 31 and rolled forward to the measurement date.

*GASB Statement No. 68 requires ten years of information to be presented in this table.

Harney County Health District
Schedule of Employer Contributions
Last Ten Years*

Year Ended June 30,	(a) Statutorily required contribution	(b) Contributions in relation to the statutorily contribution	(a-b) Contribution deficiency (excess)	(c) District's covered payroll	(b/c) Contributions as a percent of covered payroll
2023	\$ 2,294,160	\$ 2,294,160	\$ -	\$ 12,884,700	17.81%
2022	1,761,602	1,761,602	-	10,421,123	16.90%
2021	2,006,776	2,006,776	-	11,992,370	16.73%
2020	1,861,999	1,861,999	-	12,581,795	14.80%
2019	1,275,028	1,275,028	-	12,516,523	10.19%
2018	1,204,924	1,204,924	-	10,757,913	11.20%
2017	818,221	818,221	-	10,350,050	7.91%
2016	800,504	800,504	-	10,317,663	7.76%

The amounts presented for each fiscal year were actuarially determined at December 31 and rolled forward to the measurement date.

*GASB Statement No. 68 requires ten years of information to be presented in this table. However, until a full 10-year trend is compiled, the District will present information for those years for which information is available.

Changes in Plan Provisions

A summary of key changes in plan provisions are described in the Oregon Public Employees Retirement System's GASB 68 Disclosure Information which can be found at:

<https://www.oregon.gov/pers/EMP/Documents/GASB/2014/GASB-Disclosure-Information.pdf>

Changes of Assumptions

Additional details and a comprehensive list of changes in methods and assumptions can be found in the 2018 Experience Study for the System, which was published on July 24, 2019, and can be found at:

<https://www.oregon.gov/pers/Documents/2018-Exp-Study.pdf>



Supplementary Information
June 30, 2023

Harney County Health District

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – District Operating Fund

Year Ended June 30, 2023

	Budget	Actual	Variance Favorable (Unfavorable)
Resources			
Net working capital, beginning of year	\$ 18,957,107	\$ 1,174,216	\$ (17,782,891)
Net operating revenue	32,038,423	30,816,494	(1,221,929)
Property taxes	1,366,851	1,448,562	81,711
Grants/contributions/other nonoperating	496,187	1,370,097	873,910
Interest	-	408,982	408,982
	<u> </u>	<u> </u>	<u> </u>
Total resources	<u>\$ 52,858,568</u>	<u>35,218,351</u>	<u>\$ (17,640,217)</u>
Expenditures			
Personnel services	\$ 21,991,652	19,074,784	\$ 2,916,868
Materials and services	10,083,665	12,089,946	(2,006,281)
Capital outlay	1,595,937	755,450	840,487
Debt service	1,204,146	991,658	212,488
Contingencies	100,000	-	100,000
Special payments	1,950,000	-	1,950,000
Net working capital, end of year	15,933,167	1,854,927	14,078,240
	<u> </u>	<u> </u>	<u> </u>
Total expenditures	<u>\$ 52,858,567</u>	<u>34,766,765</u>	<u>\$ 18,091,802</u>
Resources in Excess of Expenditures		<u>451,586</u>	
Reconciliation of Statutory Operating Expenditures to GAAP Basis Operating Expenses			
Add net working capital, end of year		1,854,927	
Add capital asset additions		755,450	
Add long-term debt principal reductions		519,622	
Less net working capital, beginning of year		(1,174,216)	
Less pension expense		(1,920,593)	
Less depreciation and amortization		(1,181,774)	
		<u> </u>	
Total effects of reconciliation		<u>(1,146,584)</u>	
Change in Net Position		(694,998)	
Net Position, Beginning of Year		<u>1,174,216</u>	
Net Position, End of Year		<u>\$ 479,218</u>	

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – Medical Office Building (Sub-Fund of the Operating Fund) Year Ended June 30, 2023

	Budget	Actual	Variance Favorable (Unfavorable)
Resources			
Net working capital, beginning of year	\$ -	\$ (40,305)	\$ (40,305)
Transfers from other funds	46,000	46,200	200
Total resources	<u>\$ 46,000</u>	<u>5,895</u>	<u>\$ (40,105)</u>
Expenditures			
Debt service	\$ 180,806	190,521	\$ (9,715)
Net working capital, end of year	-	(174,912)	174,912
Total expenditures	<u>\$ 180,806</u>	<u>15,609</u>	<u>\$ 165,197</u>
Expenditures in Excess of Resources		<u>(9,714)</u>	
Reconciliation of Statutory Operating Expenditures to GAAP Basis Operating Expenses			
Add net working capital, end of year		(174,912)	
Add long-term debt principal reductions		153,000	
Less net working capital, beginning of year		40,305	
Less depreciation and amortization		<u>(99,167)</u>	
Total effects of reconciliation		<u>(80,774)</u>	
Change in Net Position		(90,488)	
Net Position, Beginning of Year		<u>(94,974)</u>	
Net Position, End of Year		<u>\$ (185,462)</u>	

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – Capital Trust Fund (Sub-Fund of the Operating Fund)

Year Ended June 30, 2023

	Budget	Actual	Variance Favorable (Unfavorable)
Resources			
Trust income	<u>\$ 46,000</u>	<u>\$ 46,200</u>	<u>\$ 200</u>
Expenditures			
Transfers to other funds	<u>\$ 46,000</u>	<u>46,200</u>	<u>\$ (200)</u>
Resources In Excess of Expenditures		<u>-</u>	
Change in Net Position		-	
Net Position, Beginning of Year		<u>-</u>	
Net Position, End of Year		<u>\$ -</u>	

Harney County Health District
Schedule of Property Tax Transactions and Outstanding Balances
Year Ended June 30, 2023

Fiscal Year	Uncollected Taxes June 30, 2022	2022-2023 Assessment	(Abatelements) and Adjustments	Interest Collected	Discounts	Total Amount Collected	Uncollected Taxes June 30, 2023
2022-2023	\$ -	\$ 1,358,375	\$ (2,828)	\$ 459	\$ (31,810)	\$ (1,193,850)	\$ 130,346
2021-2022	42,630	-	(11,807)	1,040	-	(19,763)	12,100
2020-2021	23,173	-	(237)	903	-	(7,692)	16,147
2019-2020	15,033	-	(229)	1,913	-	(10,215)	6,502
2018-2019	8,350	-	(220)	1,321	-	(6,442)	3,009
2017-2018	1,174	-	(214)	129	-	(392)	697
2016 and prior	13,574	-	12,848	147	-	(392)	26,177
Total	<u>\$ 103,934</u>	<u>\$ 1,358,375</u>	<u>\$ (2,687)</u>	<u>\$ 5,912</u>	<u>\$ (31,810)</u>	<u>\$ (1,238,746)</u>	<u>\$ 194,978</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2023

	Operating	Capital Trust	Medical Office Building	Total
Assets and Deferred Outflows of Resources				
Current Assets				
Cash and cash equivalents	\$ 337,557	\$ -	\$ -	\$ 337,557
Cash equivalents in external investment pool	13,056,034	-	(174,912)	12,881,122
Receivables				
Patient, net of estimated uncollectibles of \$729,000	2,984,037	-	-	2,984,037
Estimated third-party payor settlements	1,597,257	-	-	1,597,257
Property taxes	194,978	-	-	194,978
Other	927,237	-	-	927,237
Supplies	213,615	-	-	213,615
Prepaid expenses	331,440	-	-	331,440
Total current assets	<u>19,642,155</u>	<u>-</u>	<u>(174,912)</u>	<u>19,467,243</u>
Noncurrent Cash Equivalents in External Investment Pool				
Internally designated for specific operating purposes and capital improvements	3,038	-	-	3,038
Restricted for outreach programs	12,270	-	-	12,270
USDA debt reserve fund	466,110	-	-	466,110
Total Noncurrent cash equivalents in external investment pool	<u>481,418</u>	<u>-</u>	<u>-</u>	<u>481,418</u>
Capital Assets				
Capital assets not being depreciated	230,072	-	-	230,072
Capital assets being depreciated, net	9,032,551	-	628,450	9,661,001
Total capital assets	<u>9,262,623</u>	<u>-</u>	<u>628,450</u>	<u>9,891,073</u>
Right-to-Use Subscription IT Assets, Net	<u>107,716</u>	<u>-</u>	<u>-</u>	<u>107,716</u>
Other Assets				
Notes receivable	145,390	-	-	145,390
Total assets	<u>29,639,302</u>	<u>-</u>	<u>453,538</u>	<u>30,092,840</u>
Deferred Outflows of Resources				
Pension	5,638,603	-	-	5,638,603
Total assets and deferred outflows of resources	<u>\$ 35,277,905</u>	<u>\$ -</u>	<u>\$ 453,538</u>	<u>\$ 35,731,443</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2023

	Operating	Capital Trust	Medical Office Building	Total
Liabilities, Deferred Inflows of Resources, and Net Position				
Current Liabilities				
Current maturities of subscription IT liabilities	\$ 47,471	\$ -	\$ -	\$ 47,471
Current maturities of long-term debt	541,992	-	159,000	700,992
Accounts payable	808,475	-	-	808,475
Accrued expenses				
Salaries and wages	450,147	-	-	450,147
Paid time off	601,578	-	-	601,578
Interest	42,902	-	-	42,902
Employee benefit plans	565,053	-	-	565,053
Payroll taxes	235,323	-	-	235,323
Total current liabilities	<u>3,292,941</u>	<u>-</u>	<u>159,000</u>	<u>3,451,941</u>
Long-Term Liabilities				
Long-term subscription IT liabilities, less current maturities	64,803	-	-	64,803
Long-term debt, net of current maturities	10,412,969	-	514,000	10,926,969
Net pension liability	15,185,465	-	-	15,185,465
Total long-term liabilities	<u>25,663,237</u>	<u>-</u>	<u>514,000</u>	<u>26,177,237</u>
Total liabilities	<u>28,956,178</u>	<u>-</u>	<u>673,000</u>	<u>29,629,178</u>
Deferred Inflow of Resources				
Refunding costs	160,231	-	(34,000)	126,231
Pension plan	5,682,278	-	-	5,682,278
Total deferred inflow of resources	<u>5,842,509</u>	<u>-</u>	<u>(34,000)</u>	<u>5,808,509</u>
Net Position				
Net investment in capital assets	(1,857,127)	-	(10,550)	(1,867,677)
Restricted				
Expendable for programs	12,270	-	-	12,270
Expendable for debt service	466,110	-	-	466,110
Unrestricted				
Board designated for capital improvement	3,038	-	-	3,038
Unrestricted	1,854,927	-	(174,912)	1,680,015
Total net position	<u>479,218</u>	<u>-</u>	<u>(185,462)</u>	<u>293,756</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 35,277,905</u>	<u>\$ -</u>	<u>\$ 453,538</u>	<u>\$ 35,731,443</u>

Harney County Health District
Statement of Revenues and Expenses and Changes in Net Position – Combining
Year Ended June 30, 2023

	Operating	Capital Trust	Medical Office Building	Total
Operating Revenues				
Net patient service revenue	\$29,658,392	\$ -	\$ -	\$29,658,392
Other revenues	1,158,102	-	-	1,158,102
Total operating revenues	30,816,494	-	-	30,816,494
Operating Expenses				
Salaries and wages	15,995,561	-	-	15,995,561
Employee benefits	4,999,816	-	-	4,999,816
Purchased services, professional fees, and supplies	12,089,946	-	-	12,089,946
Depreciation and amortization	1,181,774	-	99,167	1,280,941
Total operating expenses	34,267,097	-	99,167	34,366,264
Operating Loss	(3,450,603)	-	(99,167)	(3,549,770)
Nonoperating Revenues (Expenses)				
Property taxes	1,448,562	-	-	1,448,562
Interest income	408,982	-	-	408,982
Rental income	24,150	-	-	24,150
Trust income	-	46,200	-	46,200
Nonoperating grant revenue	1,323,301	-	-	1,323,301
Transfers from other funds	-	-	46,200	46,200
Transfers to other funds	-	(46,200)	-	(46,200)
Interest expense	(472,036)	-	(37,521)	(509,557)
Net nonoperating revenues (expenses)	2,732,959	-	8,679	2,741,638
Revenues in Excess of (Less Than) Expenses Before Capital Grants and Contributions	(717,644)	-	(90,488)	(808,132)
Capital Grants and Contributions	22,646	-	-	22,646
Change in Net Position	(694,998)	-	(90,488)	(785,486)
Net Position, Beginning of Year	1,174,216	-	(94,974)	1,079,242
Net Position, End of Year	\$ 479,218	\$ -	\$ (185,462)	\$ 293,756



Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
Harney County Health District
Burns, Oregon

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Harney County Health District (the District) as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated December 14, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
December 14, 2023

Financial Statement Findings

None Reported.



Additional Required Reports
June 30, 2023

Harney County Health District

Audit Comments and Disclosures Required by State Regulations

Oregon Administrative Rules 162-10-0000 through 162-10-0330 of the Minimum Standards for Audits of Oregon Municipal Corporations, prescribed by the Secretary of State in cooperation with the Oregon State Board of Accountancy, enumerate the financial statements, schedules, comments, and disclosures required in audit reports. The required statements and schedules are set forth in the preceding sections of this report. Required comments and disclosures related to the audit of such statements and schedules are set forth in the following pages.



Independent Auditor's Report Required by Oregon State Regulations

To the Board of Directors
Harney County Health District
Burns, Oregon

We have audited the basic financial statements of Harney County Health District (the District) as of and for the year ended June 30, 2023, and have issued our report thereon dated December 14, 2023. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the provisions of the Minimum Standards of Audits of Oregon Municipal Corporations, prescribed by the Secretary of State. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement.

Compliance

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, including provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-010-0000 through 162-010-0330, as set forth below, noncompliance with which could have a direct and material effect on the determination of financial statements amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion.

We performed procedures to the extent we considered necessary to address the required comments and disclosures which included, but were not limited to the following:

OAR	Section	Instances of Non-Compliance Identified
162-010-0000	Preface	Not Applicable
162-010-0010	Definitions	Not Applicable
162-010-0020	Summary of Revenue and Expenditures	None noted
162-010-0030	General Requirements	None noted
162-010-0050	Financial Statements	None noted
162-010-0115	Required Supplementary Information (RSI)	None noted
162-010-0120	Supplementary Financial Information	None noted
162-010-0130	Schedule of Revenues, Expenditures / Expenses, and Changes in Fund Balances / Net Position, Budget and Actual (Each Fund)	None noted

OAR	Section	Instances of Non-Compliance Identified
162-010-0140	Schedule of Accountability for Independently Elected Officials	Not Applicable
162-010-0150	Schedule of Property Tax Transactions or Acreage Assessments	None noted
162-010-0190	Other Financial or Statistical Information	Not Applicable
162-010-0200	Independent Auditor's Review of Fiscal Affairs	None noted
162-010-0230	Accounting Records and Internal Control	None noted
162-010-0240	Public Fund Deposits	None noted
162-010-0250	Indebtedness	None noted
162-010-0260	Budget	Not Applicable
162-010-0270	Insurance and Fidelity Bonds	Not Applicable
162-010-0280	Programs Funded from Outside Sources	Not Applicable
162-010-0295	Highway Funds	Not Applicable
162-010-0300	Investments	None noted
162-010-0310	Public Contracts and Purchasing	Not Applicable
162-010-0315	State School Fund	Not Applicable
162-010-0316	Public Charter Schools	Not Applicable
162-010-0320	Other Comments and Disclosures	Not Applicable
162-010-0330	Extension of Time to Deliver Audit Reports	None noted

In connection with our testing nothing came to our attention that caused us to believe the District was not in substantial compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-330 of the Minimum Standards for Audits of Oregon Municipal Corporations.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of District's internal control. Accordingly, we do not express an opinion on the effectiveness of District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with Minimum Standards for Audits of Oregon Municipal Corporations, prescribed by the Secretary of State, in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Eide Bailly LLP

By:



Kevin Smith, CPA, Oregon Municipal Auditor, Lic#1527
Boise, Idaho
December 14, 2023



Financial Statements
June 30, 2024

Harney County Health District

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Directory of Officials

Elected

Board of Directors:

Sharon Davis, Board Chair
Kara Bowen, Board Treasurer
Jolene Cawlfeld, Board Secretary
Deborah Bentz
Kathy Cook
Shana Withee
Julie Riel

Appointed

Administrator:

Bob Gomes, CEO

Mailing Address

District:

Harney District Hospital
557 W. Washington St.
Burns, OR 97720



Independent Auditor's Report

The Board of Directors
Harney County Health District
Burns, Oregon

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of Harney County Health District (the District) and a discretely presented component unit, Harney District Hospital Foundation, as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the District and of its discretely presented component unit as of June 30, 2024, and the respective changes in financial position and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). 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 the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

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 the District's ability to continue as a going concern for twelve 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 opinions. 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 and *Government Auditing Standards* 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 and *Government Auditing Standards*, 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 District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of the proportionate share of the net pension liability (asset), and schedule of employer contributions, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary

information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our 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 audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's financial statements. The Schedules of Resources and Expenditures – Budget vs. Actual, Schedule of Property Tax Transactions and Outstanding Balances, Statements of Net Position – Combining, and Statements of Revenues and Expenses and Changes in Net Position – Combining (supplementary information) are presented for purposes of additional analysis and are not required parts of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Information

Management is responsible for the other information included in the annual report. The other information comprises the Directory of Officials but does not include the basic financial statements and our auditor's report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued a report dated December 10, 2024, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Other Reporting Required by Regulatory Requirements

In accordance with the *Minimum Standards of Audits of Oregon Municipal Corporations*, we have issued our report dated December 10, 2024, on our consideration of the District's compliance with certain provisions of laws and regulations, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules. The purpose of that report is to describe the scope of our testing of compliance and the results of that testing and not to provide an opinion on compliance.

Eide Bailly LLP

By:

A handwritten signature in black ink that reads "Kevin Smith". The signature is written in a cursive, flowing style.

Kevin Smith, CPA, Oregon Municipal Auditor, Lic#1527
Boise, Idaho
December 10, 2024



Harney District Hospital

557 W. WASHINGTON • BURNS, OR 97720 • 541-573-7281 • www.harneydh.com

Management's Discussion and Analysis Fiscal year ending June 30, 2024

Management of Harney County Health District (Health District or District) provides this Discussion and Analysis of the annual financial statements. This narrative and overview is for the fiscal years ending June 30, 2024 and 2023. Please consider this information in conjunction with the District's financial statements, which follow this section.

Using This Financial Report

Management's Discussion and Analysis introduces the financial statements, provides analysis of past events, commentary on the financial statements, and information on management's plans for the coming year. The basic financial statements consist of the Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position and Statement of Cash Flows. These statements will be briefly summarized in this report.

The District is a government entity, a political subdivision of the State of Oregon rendering hospital and other healthcare services to the residents of Harney County. The District operates a 25-bed acute care hospital, provides obstetric services, surgical services, orthopedic services, emergency care, and ancillary services (laboratory, imaging, infusion, etc.). Outpatient clinic services are provided through the District-owned rural health clinic (RHC) and the NewSun Energy & HDH Specialty Care Clinic.

A seven-member Board of Directors governs the District. The members of the Board of Directors are elected for a term of four years. The Board has a duty to appoint a Chief Executive Officer and delegates the day-to-day operations of the District to the Chief Executive Officer.

The District levies and the County collects property taxes from the property owners in the County. The tax revenue is used to support the District in providing healthcare services to its members. Tax receipts represented approximately 3.8% and 4.3% of the District revenues for the years ended June 30, 2024 and 2023, respectively.

The District uses three independently balanced funds to account for all operations. The Operating Fund accounts for the operation of the Hospital, Family Care Clinic, and Specialty Care Clinic. This fund has almost all of the activity and most of the resources of Harney County Health District. The Medical Office Building Fund accounts for the operation of the Hotchkiss Building which houses the Family Care Clinic and HDH Physical Therapy. The Capital Trust Fund accounts for the funds provided to the hospital by the Hotchkiss Trust. The Capital Trust Fund is not owned by the District and is managed by US Bank. The earnings from the trust are used to assist in paying down the mortgage on the Medical Office Building. The results of these three funds are combined to create the financial statements of the District.

Additionally, the Harney District Hospital Foundation is a discretely presented component unit in these financial statements.

Notes to the financial statements provide additional information regarding the financial condition of the District. Management's philosophy is to provide extensive, transparent financial information that demonstrates the current financial health of the District.

Fiscal Year 2024 Overview

	2024	2023
Current and other assets	\$ 20,399,955	\$ 20,094,051
Capital assets	9,283,572	9,998,789
Total assets	29,683,527	30,092,840
Deferred outflow of resources	5,727,956	5,638,603
Current liabilities	4,676,011	3,451,941
Long-term liabilities	29,148,480	26,177,237
Total liabilities	33,824,491	29,629,178
Deferred inflow of resources	2,342,331	5,808,509
Invested in capital assets, net of related debt	(1,765,633)	(1,759,961)
Restricted		
Expendable for programs	9,169	12,270
Expendable for debt service	466,110	466,110
Unrestricted		
Board designated for capital improvement	5,122,542	3,038
Unrestricted	(4,587,527)	1,572,299
Total net position	\$ (755,339)	\$ 293,756

Assets: For 2024, total assets decreased \$399,271 from the prior year. Net accounts receivable increased by \$2,300,930. Cash equivalents in external investment pool decreased \$5,483,783 due to the funds being internally transferred for specific operating purposes for capital improvement to be used in the future. Total current assets decreased \$4,829,126. Total capital assets decreased \$657,122. Depreciation expense totaled \$1.3 million, which is a non-cash accounting expense.

- 2024 current assets in ratio to current liabilities was 3.2.

For 2023, total assets decreased \$4,989,104 from the prior year. Net accounts receivable decreased by \$1,354,486. Cash equivalents in external investment pool decreased \$1,241,333. Total current assets decreased \$4,598,018. Total capital assets decreased \$462,977. Depreciation expense totaled \$1.3 million, which is a non-cash accounting expense.

- 2023 current assets in ratio to current liabilities was 3.8.

Liabilities: For 2024, total liabilities increased \$4,058,052. Total current liabilities increased \$1,086,809 due to an increase in accounts payable and estimated third-party payor settlements. Net pension liability increased \$3,746,040 and long-term debt decreased \$749,863.

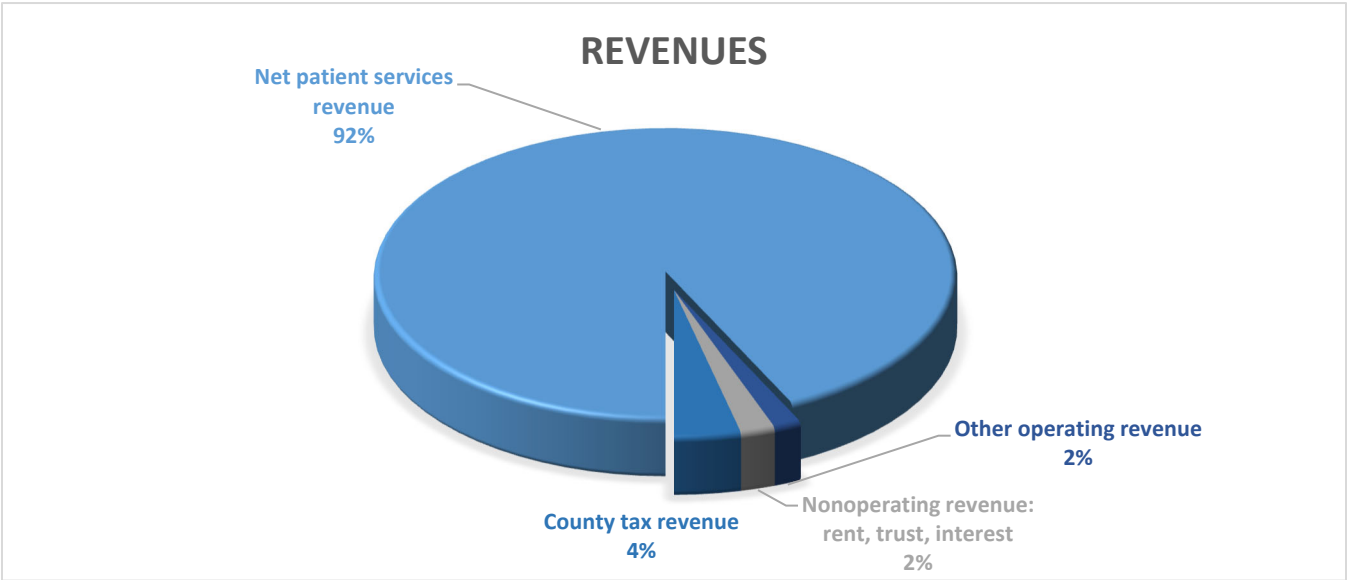
For 2023, total liabilities decreased \$509,561. Total current liabilities decreased \$2,951,864 due to provider relief funds being recognized in the current year and CMS refundable advance being paid back in the current year. Long-term debt decreased \$700,991. Net pension liability increased \$3,078,491.

Net Position: The District ended the 2024 fiscal year with a total net deficit of \$(608,036).

Harney County Health District
Management's Discussion and Analysis
June 30, 2024

	2024	2023
Operating Revenues		
Net patient service revenues	\$ 34,307,712	\$ 29,658,392
Other revenues	816,524	1,158,102
Total operating revenues	<u>35,124,236</u>	<u>30,816,494</u>
Operating Expenses		
Salaries and wages	16,586,715	15,995,561
Employee benefits	5,644,507	4,999,816
Purchased services and supplies	13,969,198	12,089,946
Depreciation and amortization	1,289,007	1,280,941
Total operating expenses	<u>37,489,427</u>	<u>34,366,264</u>
Operating Loss	<u>(2,365,191)</u>	<u>(3,549,770)</u>
Nonoperating Revenues (Expenses)		
Property taxes	1,384,343	1,448,562
Interest income	669,692	408,982
Rental income	11,235	24,150
Trust income	43,571	46,200
Nonoperating grant expense	(321,273)	1,323,301
Interest expense	(487,977)	(509,557)
Nonoperating revenues, net	<u>1,299,591</u>	<u>2,741,638</u>
Excess (Deficit) of Revenues Over Expenses Before Capital Grants and Contributions	(1,065,600)	(808,132)
Capital Grants and Contributions	<u>16,505</u>	<u>22,646</u>
Change in Net Position	(1,049,095)	(785,486)
Net Position, Beginning of Year	<u>293,756</u>	<u>1,079,242</u>
Net Position, End of Year	<u>\$ (755,339)</u>	<u>\$ 293,756</u>

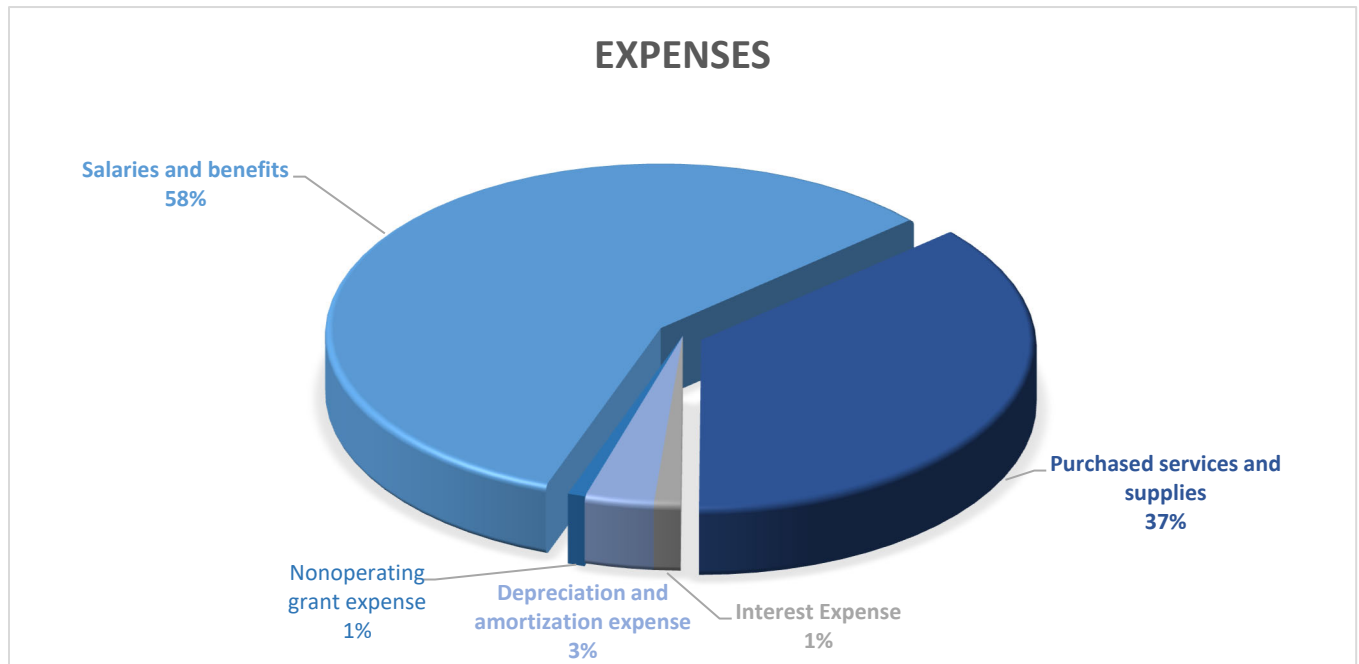
Revenues:



The primary source of revenue is from District operations which accounted for 94% of all revenue. Operating revenue consisted of \$34.5 million net patient service revenue and \$816,524 other revenue. Nonoperating revenue accounted for 6% of total revenue and is comprised of property taxes of \$1.38 million, interest income of \$669,692, rental income of \$11,235, and Hotchkiss Trust income of \$43,571.

For 2023, operating revenue accounted for 91% of all revenue consisting of \$29.7 million net patient service revenue and \$1.2 million other revenue. Nonoperating revenue was 9% of total revenue in 2023. Nonoperating revenue is comprised of property taxes of \$1.5 million, interest income of \$408,982, rental income of \$24,150, Hotchkiss Trust income of \$46,200, and grant and contributions revenue of \$1,323,301.

Expenses:



Virtually all expenses (97.9%) were generated by District operations. Employee salaries and benefits totaled \$22.2 million and accounted for 58% of all District expenditures. Purchased services and supplies totaled \$14 million and accounted for 37% of expenditures. Depreciation and amortization expense (a non-cash expense) totaled \$1.3 million and interest expense for the hospital building and equipment totaled \$487,977.

For 2023, 98.4% of expenses were generated by District operations. Employee salaries and benefits totaled \$21.0 million and accounted for 60% of all hospital expenditures. Purchased services and supplies totaled \$12 million and accounted for 35% of expenditures. Depreciation and amortization expense (a non-cash expense) totaled \$1.3 million and interest expense for the hospital building and equipment totaled \$509,557.

Capital Assets: Capital asset expenditures were \$573,791 this year. The District purchases included cardiac monitors, stretchers, a bladder scanner, a compression system, a DEXA scan, orthopedic surgical tools, and a lawn tractor.

Debt: No new debt was added during the fiscal year. The District's outstanding debt consists primarily of hospital building and medical office building debt. The District's outstanding building debt at June 30, 2024 was \$10.4 million for the hospital building and \$514,000 for the medical office building.

Contacting the District's Financial Management

This report provides the District patients, taxpayers, and creditors with a general overview of the District's finances and seeks to provide accountability for the funds it receives. For questions about this report or for additional financial information, contact Harney District Hospital Administration at 557 W. Washington St. Burns, OR 97720 or call 541-413-6059.

Harney County Health District
Statement of Net Position
June 30, 2024

Current Assets	
Cash and cash equivalents	\$ 339,262
Cash equivalents in external investment pool	7,397,339
Receivables	
Patient, net of estimated uncollectibles of \$3,029,000	5,284,966
Estimated third-party payor settlements	151,076
Property taxes	269,986
Other	565,466
Supplies	250,720
Prepaid expenses	379,301
	<u>14,638,116</u>
Total current assets	
Noncurrent Cash Equivalents in External Investment Pool	
Internally designated for specific operating purposes and capital improvements	5,122,542
Restricted for outreach programs	9,169
USDA debt reserve fund	466,110
	<u>5,597,821</u>
Total noncurrent cash equivalents in external investment pool	
Capital Assets	
Capital assets not being depreciated	468,983
Capital assets being depreciated, net	8,754,927
Right-to-use subscription IT assets, net	59,662
	<u>9,283,572</u>
Total capital assets	
Other Assets	
Notes receivable	164,018
	<u>164,018</u>
Total assets	<u>29,683,527</u>
Deferred Outflow of Resources	
Pension	5,727,956
	<u>5,727,956</u>
Total assets and deferred outflows of resources	<u>\$ 35,411,483</u>

Harney County Health District
Statement of Net Position
June 30, 2024

Liabilities, Deferred Inflows of Resources, and Net Position

Current Liabilities

Current maturities of subscription IT liabilities	\$ 24,934
Current maturities of long-term debt	749,864
Accounts payable	
Trade	1,144,131
Estimated third-party payor settlements	714,578
Accrued expenses	
Salaries and wages	454,197
Paid time off	633,006
Interest	39,043
Employee benefit plans	718,414
Payroll taxes	197,844
Total current liabilities	<u>4,676,011</u>

Long-Term Liabilities

Long-term subscription IT liabilities, less current maturities	39,869
Long-term debt, less current maturities	10,177,106
Net pension liability	18,931,505
Total long-term liabilities	<u>29,148,480</u>
Total liabilities	<u>33,824,491</u>

Deferred Inflows of Resources

Refunding costs	117,094
Pension plan	2,225,237
Total deferred inflows of resources	<u>2,342,331</u>

Net Position

Net investment in capital assets	(1,765,633)
Restricted	
Expendable for programs	9,169
Expendable for debt service	466,110
Unrestricted	
Board designated for capital improvement	5,122,542
Unrestricted	(4,587,527)
Total net position (deficit)	<u>(755,339)</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 35,411,483</u>

Harney County Health District
Statement of Financial Position – Discretely Presented Component Unit
Harney Hospital Foundation
December 31, 2023

Assets

Cash and cash equivalents	\$ 171,949
Receivables	171,612
Endowment investments	<u>164,352</u>
Total assets	<u><u>\$ 507,913</u></u>

Liabilities and Net Assets

Accounts Payable	\$ 74,882
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Net Assets

Without donor restrictions	22,620
With donor restrictions	<u>410,411</u>
Total liabilities and net assets	<u><u>\$ 507,913</u></u>

Harney County Health District
Statement of Revenues, Expenses, and Changes in Net Position
Year Ended June 30, 2024

Operating Revenues	
Net patient service revenue, net of provision for bad debts of \$1,626,423	\$ 34,307,712
Other revenues	<u>816,524</u>
Total operating revenues	<u>35,124,236</u>
Operating Expenses	
Salaries and wages	16,586,715
Employee benefits	5,644,507
Purchased services, professional fees, and supplies	13,969,198
Depreciation and amortization	<u>1,289,007</u>
Total operating expenses	<u>37,489,427</u>
Operating Loss	<u>(2,365,191)</u>
Nonoperating Revenues (Expenses)	
Property taxes	1,384,343
Interest income	669,692
Rental income	11,235
Trust income	43,571
Nonoperating grant expense	(321,273)
Interest expense	<u>(487,977)</u>
Net nonoperating revenues	<u>1,299,591</u>
Expenses in Excess of Revenues before Capital Grants and Contributions	(1,065,600)
Capital Grants and Contributions	<u>16,505</u>
Change in Net Position	(1,049,095)
Net Position, Beginning of Year	<u>293,756</u>
Net Position (Deficit), End of Year	<u><u>\$ (755,339)</u></u>

Harney County Health District
Statement of Activities – Discretely Presented Component Unit
Harney Hospital Foundation
Year Ended December 31, 2023

Support and Revenue Without Donor Restrictions

Support and revenue	
Contributions	\$ 50,146
In-kind contributions	65,149
Revenues from EOCCO	171,612
Net investment gain	8,490
Release from restriction	242,117

Total support and revenue	537,514
---------------------------	---------

Expenses

Contributions	604,744
Program and fundraising	18,242
General services and administrative	65,878

Total expenses	688,864
----------------	---------

Change in Net Assets Without Donor Restrictions	(151,350)
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Changes in Net Assets With Donor Restrictions

Contributions for a specific purpose	309,872
Net assets released from restriction	(242,117)

Change in Net Assets With Donor Restrictions	67,755
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Change in Net Assets	(83,595)
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Net Assets, Beginning of Year	591,508
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Net Assets, End of Year	\$ 507,913
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Harney County Health District

Statement of Cash Flows

Year Ended June 30, 2024

Operating Activities	
Receipts from and on behalf of patients	\$ 34,167,542
Receipts from other operating revenues	1,169,158
Payments to and on behalf of employees	(21,760,865)
Payments to suppliers, contractors and others	<u>(13,718,508)</u>
Net Cash used for Operating Activities	<u>(142,673)</u>
Noncapital Financing Activities	
Receipts from taxation	1,309,335
Proceeds from trust	43,571
Repayment of provider relief funds	<u>(321,273)</u>
Net Cash from Noncapital Financing Activities	<u>1,031,633</u>
Capital and Related Financing Activities	
Purchase of capital assets	(573,791)
Receipts from contributions	16,505
Principal payments on long-term debt	(700,991)
Principal payments on subscription liabilities	(47,471)
Interest paid	<u>(491,836)</u>
Net Cash used for Capital and Related Financing Activities	<u>(1,797,584)</u>
Investing Activities	
Receipts from rental properties	11,235
Issuance of notes receivable	(137,978)
Interest income	<u>669,692</u>
Net Cash from Investing Activities	<u>542,949</u>
Net Change in Cash and Cash Equivalents	(365,675)
Cash and Cash Equivalents, Beginning of Year	<u>13,700,097</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 13,334,422</u></u>

Harney County Health District

Statement of Cash Flows

Year Ended June 30, 2024

Reconciliation of Cash and Cash Equivalents	
to the statement of net position	
Cash and cash equivalents in current assets	\$ 339,262
Cash equivalents in external investment pool	7,397,339
Noncurrent cash equivalents in external investment pool	<u>5,597,821</u>
Total cash and cash equivalents	<u>\$ 13,334,422</u>
Reconciliation of Operating Loss to Net Cash used for	
Operating Activities	
Operating loss	\$ (2,365,191)
Adjustments to reconcile operating loss to net cash	
used for operating activities	
Forgiveness of employee notes receivable	119,351
Depreciation and amortization	1,289,007
Provision for bad debts and charity care	1,626,423
Pension expense	199,646
Deferred outflow of resources - bond refunding	(9,137)
Changes in operating assets and liabilities	
Receivables	
Patient accounts	(3,927,352)
Other	361,771
Estimated third-party payor settlements	1,446,181
Supplies	(37,105)
Prepaid expenses	(47,861)
Accounts payable	335,656
Estimated third-party payor settlements	714,578
Accrued expenses	
Salaries and wages	4,050
Paid time off	31,428
Employee benefit plans	153,361
Payroll taxes	<u>(37,479)</u>
Net Cash used for Operating Activities	<u>\$ (142,673)</u>

Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The financial statements of the Harney County Health District (the District or Hospital) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the District are described below.

Reporting Entity

The District is a 25-bed acute care hospital in Burns, Oregon. The District provides health care services to patients in the Harney County, Oregon market.

The District operates under the laws of the State of Oregon for Oregon municipal corporations. On March 27, 1990, the formation of a health district was approved by Harney County voters in accordance with ORS 440.320. Effective July 1, 1990, all property was deeded to the District from Harney County and Harney County Hospital began operations as Harney County Health District. The District is supported by a permanent tax base in the amount of \$1.9314 per \$1,000 of assessed value of all taxable property within the District which was approved by voters on May 21, 1996. The District is governed by an elected seven-member Board of Directors that exercises governing oversight responsibility for the District which includes such duties as budget review, care of patients, and management of the facilities. As organized, the District is exempt from payment of federal and state income tax under Internal Revenue Code Section 501(a).

For financial reporting purposes, the District has included all funds, organizations, account groups, boards, commissions and authorities. The District has also considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the District are such that exclusion would cause the District's financial statements to be misleading or incomplete. The Government Accounting Standards Board (GASB) has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the District to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the District.

Discretely Presented Component Unit

Harney District Hospital Foundation (the Foundation) was established for health care purposes and to advance and assist in the development, growth, and operation of the District. Funds raised are distributed to the Burns, Oregon community primarily through the purchase of property and equipment, supplies, and support. The Foundation has a December 31 year end and the balances presented are as of December 31. The Foundation has been determined to be a component unit and is presented as a discretely presented component unit in the District's financial statements.

Measurement Focus and Basis of Accounting

Measurement focus refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

Basis of Presentation

The statement of net position displays the District's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following categories/components:

Net investment in capital assets consists of net capital assets reduced by the outstanding balances of any related debt obligations and deferred inflows of resources attributable to the acquisition, construction or improvement of those assets or the related debt obligations and increased by balances of deferred outflows of resources related to those assets or debt obligations.

Restricted net position:

Restricted – expendable net position results when constraints placed on net position use are either externally imposed or imposed through enabling legislation. Restricted expendable net position at June 30, 2024 for programs totaled \$9,169. Restricted expendable net position at June 30, 2024 for debt service totaled \$466,110.

Restricted - nonexpendable net position is subject to externally imposed stipulations which require them to be maintained permanently by the District. The District has none at June 30, 2024.

Unrestricted net position consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management which can be removed or modified.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the District's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Budgetary Information

The District adopts an annual budget in accordance with Oregon statutes. The budget is adopted on a basis consistent with generally accepted accounting principles. The legal level of budgetary control (i.e. the level at which expenses may not legally exceed appropriations) is at the fund level. Appropriations, except remaining project appropriations and encumbrances, lapse at the end of the fiscal year.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the District considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

Restricted Cash

Cash that has restrictions which change the nature or normal understanding of availability of the asset is reported separately on the statement of net position. Restricted cash available for obligations classified as current liabilities are reported as current assets.

Current Cash and Cash Equivalents in External Investment Pool

Current cash and cash equivalents in external investment pool are funds without restrictions as to use.

Noncurrent Cash Equivalents in External Investment Pool

Noncurrent cash equivalents include expendable assets restricted by the United States Department of Agriculture (USDA) debt reserve fund, and internally designated assets set aside by the Board of Directors for future capital replacements and outreach programs. The USDA debt reserve fund, in accordance with the District's agreement with the USDA, is only to be used for emergency purposes with prior authorization from USDA – Rural Development, for the entire life of the loan. The Board of Directors retains control of the assets designated for future capital replacements and outreach programs, and may at its discretion subsequently use them for other purposes.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Property Tax Revenue and Receivable

Property taxes are levied by the District and collected by the Harney County Treasurer for operations. Taxes estimated to be collectible are recorded as receivables and revenue in the year of the levy. Property taxes are levied by Harney County, Oregon (the County) on the District's behalf on July 1 and are intended to finance the District's activities of the same fiscal year. Amounts levied are based on assessed property values as of October 1. Property tax balances due to the County after May 15 are considered delinquent. No allowance for uncollectible amounts has been recorded.

Supplies

Supplies are stated at the lower of cost (first-in, first-out) or market and are expensed when used.

Interest Income

Interest is included in nonoperating revenues when earned.

Capital Assets

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of capital assets are as follows:

Buildings	10-40 years
Equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position and are excluded from expenses in excess of revenues. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net position.

Right-to-Use Subscription IT Assets

Right-to-use subscription IT assets are recognized at the subscription commencement date and represent the District's right-to-use the underlying IT asset for the subscription term. Right-to-use subscription IT assets are measured at the initial value of the subscription liability plus any payments made to the vendor at the commencement of the subscription term, less any subscription incentives received from the vendor at or before the commencement of the subscription term, plus any capitalizable initial implementation costs necessary to place the subscription asset into service. Right-to-use subscription IT assets are amortized over the shorter of the subscription term or useful life of the underlying asset using the straight-line method.

Subscription IT Liabilities

Subscription IT liabilities represent the District's obligation to make subscription payments arising from the subscription contract. Subscription liabilities are recognized at the subscription commencement date based on the present value of future subscription payments expected to be made during the subscription term. The present value of subscription payments are discounted based on a borrowing rate determined by the District.

Notes Receivable

The District issues notes to physicians as part of its recruitment process. Notes are repayable over a minimum of a six month period to a maximum of a three-year period and do not bear interest. The notes are issued with forgiveness provisions over the life of the note to encourage retention. It is anticipated that the balance of the notes will be forgiven.

At June 30, 2024, notes receivable from physicians and employees totaled \$164,018.

Deferred Outflows of Resources

Deferred outflows of resources represent a consumption of net position that applies to future periods and so will not be recognized as an outflow of resources (expense) until then. The District has deferred amounts related to pensions. This amount is deferred and recognized as an outflow of resources in the period when the District recognizes pension expense. Deferred outflows are included in the statement of net position.

Compensated Absences

The District's employees earn paid time-off days at varying rates depending on years of service. Employees may accumulate paid time-off up to a specified maximum. Employees are paid for accumulated paid time-off upon termination.

Pension

For purposes of measuring the net pension liability, deferred outflows of resources, deferred inflows of resources related to pensions, and pension income, information about the fiduciary net position of the Oregon Public Employees Retirement System (OPERS) and additions to/deductions from OPERS's fiduciary net position have been determined on the same basis as they are reported by OPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms.

Deferred Inflows of Resources

The District reports a separate section for deferred inflows of resources. This separate financial statement element reflects an increase in net position that applies to future periods. The District will not recognize the related revenues until a future event occurs. The deferred inflows of resources reported in the financial statements are pension plan and deferred refunding costs. The pension plan results from the difference between the expected and actual experience of the pension plan. Deferred refunding costs are amortized over the shorter of the remaining life of the refunded bonds or the refunding bonds as a component of interest expense.

Operating Revenues and Expenses

The District's statement of revenues and expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the District's principal activity. Non-exchange revenues, including revenues from property tax assessments, interest income, rental income, trust income and grants and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating expenses consist primarily of financing costs and a refund of Provider Relief Funds.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The District provides care services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the District does not pursue collection of these amounts, they are not reported as patient service revenue. The estimated cost of providing these services was approximately \$15,000 for the year ended June 30, 2024, calculated by multiplying the ratio of cost to gross charges for the District by the gross uncompensated charges associated with providing charity care to its patients.

Grants and Contributions

The District may receive grants as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after expenses in excess of revenues.

Note 2 - Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: The District is licensed as a Critical Access Hospital (CAH). The District is reimbursed for most acute care services at cost plus one percent with final settlement determined after submission of annual cost reports by the District and are subject to audits thereof by the Medicare Administrative Contractor (MAC). The District's Medicare cost reports have been audited by the MAC through the year ended June 30, 2022. Clinical services are paid on a cost basis or fixed fee schedule.

Medicaid: Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services related to Medicaid beneficiaries are paid based on the lower of customary charges, allowable cost as determined through the District's Medicare cost report, or rates as established by the Medicaid program. The District is reimbursed at a tentative rate with final settlement determined by the program based on the District's final Medicaid cost report. The District's final Medicaid settlements have been processed through the year ended June 30, 2019.

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

Concentration of gross revenues by major payor accounted for the following percentages of the District's patient service revenues for the year ended June 30, 2024:

Medicare	49%
Medicaid	22%
Commercial insurance and other third party payors	28%
Patients	1%
	100%

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient service revenue for the year ended June 30, 2024 increased approximately \$88,000 due to removal of allowances previously estimated that are no longer necessary as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations.

The District participates in the Eastern Oregon Coordinated Care Organization (EOCCO), which is a Coordinated Care Organization serving Oregon Health Plan members. The District receives amounts related to the EOCCO alternative payment model/shared savings risk contract. As of June 30, 2024, there was a receivable amount of \$565,466. These amounts are included in other receivables in the statements of net position. Additional EOCCO funds will be recorded as received.

Note 3 - Provider Relief Funds

During 2023, the Hospital received \$1,287,383 of Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS). The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS currently has deadlines to incur eligible expenses and lost revenue, which vary based on the date the funds are received. Unexpended provider relief funds held thereafter would be subject to repayment.

These funds are considered subsidies and recorded as a liability when received and are recognized as revenues in the accompanying statement of revenues, expenses, and changes in net position as all terms and conditions are considered met. As these funds are considered subsidies, they are considered nonoperating activities. The terms and conditions are subject to interpretation, changes and future clarification, the most recent of which have been considered through the date that the financial statements were available to be issued. In addition, this program may be subject to oversight, monitoring and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

As of June 30, 2024, the Hospital had no liability balance related to Provider Relief Funds. During the year ended June 30, 2023, the Hospital recognized \$1,287,383 as revenue, included in nonoperating grant revenue of \$1,323,301 on the statement of revenues, expenses, and changes in net position. During the year ended June 30, 2024, the Hospital returned \$321,273 in Provider Relief Funds received during 2023.

Note 4 - Deposits, Investments, and Investment Income

Summary of Carrying Amounts

The carrying amounts of deposits and the Local Government Investment Pool as of June 30, 2024, is as follows:

Carrying Amount	
Cash and cash equivalents	\$ 339,262
Local Government External Investment Pool	<u>12,995,160</u>
	<u><u>\$ 13,334,422</u></u>

The carrying amounts of the District's deposits and investments shown above are included in the statement of net position at June 30, 2024, as follows:

Included in the following statement of net position captions	
Cash and cash equivalents	\$ 339,262
Cash equivalents in external investment pool	7,397,339
Noncurrent board designated for capital improvement	5,122,542
Restricted for outreach programs	9,169
USDA debt reserve fund	<u>466,110</u>
Total	<u><u>\$ 13,334,422</u></u>

Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the District's deposits may not be returned to it. The District does not have a policy for custodial credit risk. State statute requires that any deposits in excess of federal depository insurance coverage limits, currently set at \$250,000, may only be held in a depository qualified by the Oregon Public Funds Collateralization Program.

The District's deposits in banks at June 30, 2024, was entirely covered by federal depository insurance or by collateral as part of the Oregon Public Funds Collateralization Program.

External Investment Pool

The District is invested in the Local Government Investment Pool (LGIP), which is included in the Oregon Short-Term Fund (OSTF). The OSTF is an external investment pool, as defined in GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*. The OSTF is not registered with the U.S. Securities and Exchange Commission as an investment company. Fair value of the LGIP is calculated at the same value as the number of pool shares owned. Investments in the Short-Term Fund are governed by ORS 294.135, Oregon Investment Council, and portfolio guidelines issued by the Oregon Short-Term Fund Board. The LGIP exchanges shares at \$1.00 per share; an investment in the LGIP is neither insured nor guaranteed by the FDIC or any other government agency. Although the LGIP seeks to maintain the net asset value of share investments at \$1.00 per share, it is possible to lose money by investing in the pool.

Noncurrent investments in external investment pool consist of funds restricted in accordance with bond indenture agreements and funds internally designated by the Board for future capital asset acquisitions and outreach programs. Investments that are available for obligations classified as current liabilities are reported in current assets.

Chapter 294 of the Oregon Revised Statutes authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government debt obligations; time deposit accounts, certificates of deposit, and savings accounts in qualified public depositories; the State of Oregon local government investment pool; and certain other investments. The District's investment policy specifies that investments will be limited to demand deposits with approved institutions, the Oregon Local Government Investment Pool, direct obligations of the United States and obligations guaranteed by the United States, and certificates of deposit with Oregon banks.

The District's investment in the LGIP are reported at fair value, as discussed in Note 1. At June 30, 2024, the LGIP was not rated by an independent rating agency. The District's investments in LGIP at June 30, 2024, and related maturities was as follows:

Oregon State Local Government Investment Pool	Daily	\$ 12,995,160
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Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. State Statutes generally limit investment maturities to 18 months, or the date of anticipated use of the funds. The District does not have a formal policy in place that further limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. The District matches investment maturities with anticipated cash flow requirements.

Credit Risk

State Statutes limit the investment in bonds issued by the State of Oregon and its political subdivisions to bonds with one of the three highest credit ratings of a nationally recognized rating. State Statutes limit the investment in bonds issued by the States of California, Idaho, and Washington and political subdivisions of those states to bonds with one of the two highest credit ratings of a nationally recognized rating. The District does not have a formal policy in place that further limits credit risk. The Oregon Local Government Investment Pool does not have a rating. The Investment Pool invests as defined by State Statute.

Concentration of Credit Risk

The District does not have a formal policy in place limiting the amount that may be invested with any one bank or in any specific investment.

Note 5 - Capital Assets

Capital asset additions, transfers, retirements and balances for year ended June 30, 2024, are as follows:

	Balance June 30, 2023	Additions / Transfers	Retirements	Balance June 30, 2024
Capital assets not being depreciated				
Land	\$ 230,072	\$ -	\$ -	\$ 230,072
Construction in process	-	238,911	-	238,911
	<u>230,072</u>	<u>238,911</u>	<u>-</u>	<u>468,983</u>
Capital assets being depreciated				
Buildings	23,539,437	-	-	23,539,437
Equipment	<u>9,334,770</u>	<u>353,667</u>	<u>(66,100)</u>	<u>9,622,337</u>
Total capital assets being depreciated	<u>32,874,207</u>	<u>353,667</u>	<u>(66,100)</u>	<u>33,161,774</u>
Less Accumulated Depreciation	<u>23,213,206</u>	<u>1,259,741</u>	<u>(66,100)</u>	<u>24,406,847</u>
Capital assets being depreciated, net	<u>9,661,001</u>	<u>(906,074)</u>	<u>-</u>	<u>8,754,927</u>
Right-to-use subscription IT assets being amortized	155,770	-	-	155,770
Less accumulated amortization	<u>48,054</u>	<u>48,054</u>	<u>-</u>	<u>96,108</u>
Right-to-use subscription IT assets, net	<u>107,716</u>	<u>(48,054)</u>	<u>-</u>	<u>59,662</u>
Capital Assets, Net	<u>\$ 9,998,789</u>	<u>\$ (715,217)</u>	<u>\$ -</u>	<u>\$ 9,283,572</u>

Note 6 - Subscription-Based Information Technology Arrangements (SBITAs)

During the current year, the District recognized SBITA contracts for the use of various software. As of June 30, 2024, the value of the subscription liability was \$64,803 and the subscription asset was \$59,662. The District is required to make annual principal and interest payments ranging from approximately \$57,700 to \$22,700 through July 2026. The subscription has an interest rate of approximately 9.14%.

A summary of the changes in subscription IT liabilities during the year ended June 30, 2024 is as follows:

	Balance July 1, 2023	Additions	Deletions	Balance June 30, 2024	Due Within One Year
Subscription IT Liabilities	\$ 112,274	\$ -	\$ (47,471)	\$ 64,803	\$ 24,934

Remaining principal and interest payments on subscriptions are as follows:

Years Ending June 30,	Principal	Interest
2025	\$ 24,934	\$ 5,923
2026	19,063	3,644
2027	20,806	1,902
	<u>\$ 64,803</u>	<u>\$ 11,469</u>

Note 7 - Long-Term Debt

A schedule of changes in the District's long-term debt for the year ended June 30, 2024 is as follows:

	Balance June 30, 2023	Additions	Reductions	Balance June 30, 2024	Due Within One Year
Bank of Eastern Oregon	\$ 1,884,944	\$ -	\$ (222,247)	\$ 1,662,697	\$ 252,178
2018 Refunded State of Oregon Economic and Community Development #2	1,755,485	-	(158,444)	1,597,041	164,667
US Department of Agriculture	7,314,532	-	(161,300)	7,153,232	168,019
2018 Refunded US Bank	673,000	-	(159,000)	514,000	165,000
Total bonds and notes	<u>\$11,627,961</u>	<u>\$ -</u>	<u>\$ (700,991)</u>	<u>\$ 10,926,970</u>	<u>\$ 749,864</u>

The terms and due dates of the District's long-term debt at June 30, 2024 are as follows:

Note payable to Bank of Eastern Oregon, due in monthly installments of \$25,210, including interest at 4.5%, through October 2030. The note is collateralized by the hospital building. Outstanding balance of the note payable at June 30, 2024 was \$1,662,697.

During 2018, the Hospital refunded debt in the amount of \$2,476,377, due in annual principal installments of amounts ranging from \$146,000 to \$235,000, and semi-annual variable rate interest payments of 5.0% through December 2031. The note is collateralized by the hospital building. Outstanding balance of the note payable at June 30, 2024 was \$1,597,041. The advance refunding resulting in a difference between the reacquisition price and net carrying amount of the old debt of \$259,198. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, is being charged to operations through the term of the note payable using the straight-line method. The Hospital completed its advance refunding to reduce its total debt service payments by approximately \$273,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$298,000.

Revenue bond payable to the United States Department of Agriculture, due in annual installments of \$411,760, including interest at 4.125%, through June 2049. The District has pledged tax revenue for satisfaction of the annual debt service requirement. Outstanding balance of the revenue bond payable at June 30, 2024 was \$7,153,232.

During 2018, the Hospital refunded debt in the amount of \$1,280,000, due in annual principal installments of amounts ranging from \$145,000 to \$179,000 and semi-annual variable interest rate payments of 3.710%, through December 2026. The note is collateralized by buildings and land. Outstanding balance on the note payable at June 30, 2024 was \$514,000. The advance refunding resulted in a difference between the reacquisition price and net carrying amount of the old debt of \$85,000. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, is being charged to operations through the term of the note payable using the straight-line method. The Hospital completed its advance refunding to reduce its total debt service payments over the next 8 years by approximately \$176,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$106,000.

Pledged Revenues

The District has pledged future general revenues for satisfaction of the \$9,000,000 United States Department of Agriculture revenue bonds issued in June 2009. Proceeds from the bonds were used for construction of the hospital building. Principal and interest on the bonds are payable through June 2049. Annual principal and interest on the bonds are expected to require 2 percent of revenues. Principal and interest paid for the current year was \$466,110. Revenues totaled \$53,301,430 for the year. At June 30, 2024, pledged future revenues totaled \$11,649,705, which was the amount of the remaining principal and interest on the bonds.

Future anticipated schedule of long-term debt payments for all long-term debt, at anticipated amounts, are as follows:

<u>Years Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2025	\$ 749,864	\$ 467,773
2026	765,017	429,449
2027	798,870	395,872
2028	650,588	398,707
2029	2,599,625	1,365,620
2030-2034	1,318,379	1,012,176
2035-2039	1,616,938	713,617
2040-2044	1,983,173	347,381
2045-2049	444,516	18,528
Total	<u>\$ 10,926,970</u>	<u>\$ 5,149,123</u>

Note 8 - Pension Plans

The District contributes to two pension plans administered by the Oregon Public Employees Retirement System (PERS). The Oregon Public Employees Retirement Fund (OPERF) applies to the District's contribution for qualifying employees who were hired before August 29, 2003, and is a cost-sharing multiple-employer defined benefit pension plan. The Oregon Public Service Retirement Plan (OPSRP) is hybrid successor plan to the OPERF and consists of two programs: The Pension Program, the defined benefit portion of the plan, applies to qualifying district employees hired after August 29, 2003. Benefits are calculated by a formula for members who attain normal retirement age. The formula takes into account final average salary and years of service. Beginning January 1, 2004, all PERS member contributions go into the Individual Account Program (IAP), the defined contribution portion of the plan. PERS members retain their existing PERS account, but any future member contributions are deposited into the member's IAP, not the member's PERS account.

Both PERS plans provide retirement and disability benefits, post-employment healthcare benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. PERS is administered under Oregon Revised Statute Chapter 238, which establishes the Public Employees Retirement Board as the governing body of PERS. PERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to PERS, P.O. Box 23700, Tigard, OR, 97281-3700 or by calling 503-598-7377.

Benefits Provided

1. OPSRP Pension Program (OPSRP DB)

Pension Benefits

The Pension Program (ORS Chapter 238A) provides benefits to members hired on or after August 29, 2003. This portion of OPSRP provides a life pension funded by employer contributions. Benefits are calculated with the following formula for members who attain normal retirement age:

General Service: 1.5 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for general service members is age 65, or age 58 with 30 years of retirement credit.

A member of the OPSRP Pension Program becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, and, if the pension program is terminated, the date on which termination becomes effective.

Death Benefits

Upon the death of a non-retired member, the spouse or other person who is constitutionally required to be treated in the same manner as the spouse, receives for life 50 percent of the pension that would otherwise have been paid to the deceased member.

Disability Benefits

A member who has accrued 10 or more years of retirement credits before the member becomes disabled or a member who becomes disabled due to job-related injury shall receive a disability benefit of 45 percent of the member's salary determined as of the last full month of employment before the disability occurred.

2. OPSRP Individual Account Program (OPSRP IAP)

Pension Benefits

An IAP member becomes vested on the date the employee account is established or on the date the rollover account was established. If the employer makes optional employer contributions for a member, the member becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, the date the IAP is terminated, the date the active member becomes disabled, or the date the active member dies.

Upon retirement, a member of the OPSRP Individual Account Program (IAP) may receive the amounts in his or her employee account, rollover account, and vested employer account as a lump-sum payment or in equal installments over a 5-, 10-, 15-, 20-year period or an anticipated life span option. Each distribution option has a \$200 minimum distribution limit.

Death Benefits

Upon the death of a non-retired member, the beneficiary receives in a lump sum the member's account balance, rollover account balance, and vested employer optional contribution account balance. If a retired member dies before the installment payments are completed, the beneficiary may receive the remaining installment payments or choose a lump-sum payment.

Recordkeeping

OPERS contracts with VOYA Financial to maintain IAP participant records.

Contributions

PERS funding policy provides for monthly employer contributions at actuarially determined rates. These contributions, expressed as a percentage of covered payroll, are intended to accumulate sufficient assets to pay benefits when due. This funding policy applies to the PERS Defined Benefit Plan and the Other Postemployment Benefit Plans. Employer contribution rates during the period were based on the December 31, 2015 actuarial valuation, which became effective July 1, 2017. Employer contributions for the year ended June 30, 2024 was \$2,510,581, excluding amounts to fund employer specific liabilities. The rates in effect for the fiscal year ended June 30, 2024 were 16.55 percent for OPSRP Pension Program General Service Members, and 6 percent for OPSRP Individual Account Program.

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

At June 30, 2024, the District reported a liability of \$18,931,505 for its proportionate share of the net pension liability. The net pension liability as of June 30, 2024 was measured as of June 30, 2023, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2019 and rolled forward to June 30, 2023. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating entities, actuarially determined. At June 30, 2023, the District's proportion was 0.09917358 percent, which changed from the 0.10117406 percent measured as of June 30, 2022.

For the year ended June 30, 2024, the District recognized pension expense of \$199,646. At June 30, 2024, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	\$ 925,808	\$ 75,065
Changes of assumptions or other inputs	1,681,763	12,539
Net difference between projected and actual earnings on pension plan investments	340,277	-
Changes in proportionate share	269,527	407,862
Differences between employer contributions and employer's proportionate share of system contributions	-	1,729,771
Contributions subsequent to the measurement date	2,510,581	-
Total	<u>\$ 5,727,956</u>	<u>\$ 2,225,237</u>

The District's contributions made subsequent to the measurement date will be recognized in the District's pension expense in the following year. The net amount of the District's remaining deferred outflows of resources and deferred inflows of resources that will be recognized in the District's pension expense in the subsequent five years in the aggregate are shown in the table below.

<u>Years Ending June 30,</u>	<u>Amount</u>
2025	\$ (159,099)
2026	(977,689)
2027	1,555,375
2028	512,336
2029	61,215
	<u>\$ 992,138</u>

Actuarial Assumptions

The employer contribution rates effective July 1, 2023 through June 30, 2025 are set using the entry age normal actuarial cost method. For the OPSRP Pension Program component of the PERS Defined Benefit Plan, this method produced an employer contribution rate consistent of an amount for the normal cost (the estimated amount necessary to finance benefits earned by the employees during the current service year), (b) an actuarially determined amount for funding a disability benefit component, and (c) an amount for the amortization of unfunded actuarially accrued liabilities, which are being amortized over a fixed period with new unfunded actuarially accrued liabilities being amortized over 16 years.

The total pension liability in the December 31, 2021, actuarial valuation was determined using the following actuarial assumptions:

Valuation Date	December 31, 2021
Measurement Date	June 30, 2023
Experience Study	2020, published July 20, 2021
Actuarial assumptions:	
Actuarial cost method	Entry Age Normal
Inflation rate:	2.40 percent
Long term expected rate of return	6.90 percent
Discount rate	6.90 percent
Projected of salary increase	3.40 percent
Cost of living adjustments (COLA)	Blend of 2.00% COLA and graded COLA (1.25%/0.15%) in accordance with <i>Moro</i> decision; blend based on service
Mortality	Healthy retirees and beneficiaries: Pub-2010 Healthy Retiree, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Active members: Pub-2010 Employee, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Disabled retirees: Pub-2010 Disabled retiree, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation.

Actuarial valuations of an ongoing plan involve estimates of the value of projected benefits and assumptions about the probability of events far into the future. Actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.

Experience studies are performed as of December 31 of even numbered years. The methods and assumptions shown above are based on the 2020 Experience Study which reviewed experience for the four-year period ending on December 31, 2020.

Long-Term Expected Rate of Return

To develop an analytical basis for the selection of the long-term expected rate of return assumption, in January 2023, the PERS Board reviewed long-term assumptions developed by both Milliman's capital market assumptions team and the Oregon Investment Council's (OIC) investment advisors. The table below shows Milliman's assumptions for each of the asset classes in which the plan was invested at that time based on the OIC long-term target asset allocation. The OIC's description of each asset class was used to map the target allocation to the asset classes shown below. Each asset class assumption is based on a consistent set of underlying assumptions, and includes adjustment for the inflation assumption. These assumptions are not based on historical returns, but instead are based on a forward-looking capital market economic model.

<u>Asset Class</u>	<u>Target Allocation</u>	<u>20-year Annualized Geometric Mean</u>
Global Equity	27.50%	7.07%
Private Equity	25.50%	8.83%
Core Fixed Income	25.00%	4.50%
Real Estate	12.25%	5.83%
Master Limited	0.75%	6.02%
Infrastructure	1.50%	6.51%
Hedge Fund - Marco	5.62%	4.83%
Hedge Fund Equity - Hedge	0.63%	6.48%
Hedge Fund of Funds - Multistrategy	1.25%	6.27%
Total	100.00%	
Assumed Inflation - Mean		2.35%

Discount Rate

The discount rate used to measure the total pension liability was 6.9 percent for the Defined Benefit Pension Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments for the Defined Benefit Pension Plan was applied to all periods of projected benefit payments to determine the total pension liability.

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

The following presents the District's proportionate share of the net pension liability calculated using the discount rate of 6.9 percent, as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.9 percent) or 1-percentage-point higher (7.9 percent) than the current rate:

	1% Decrease (5.90%)	Current Discount Rate (6.90%)	1% Increase (7.90%)
Proportionate share	\$ 31,271,282	\$ 18,931,505	\$ 8,604,420

Note 9 - Concentrations of Credit Risk

The District grants credit without collateral to its patient, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2024 was as follows:

Medicare	41%
Medicaid	14%
Commercial insurance and other third party payors	34%
Patients	11%
	<u>100%</u>

Note 10 - Contingencies

Risk Management Insurance

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

Malpractice Insurance

The District has professional liability insurance coverage to provide protection on a "claims-made" basis whereby only malpractice claims reported to the insurance carrier in the current year are covered by the current policy. If there are unreported incidents which result in a malpractice claim in the current year, such claims will be covered in the year the claim is reported to the insurance carrier only if the District purchases claims-made insurance in that year or the District purchases "tail" insurance to cover the claims incurred before, but reported to the insurance carrier after, cancellation or expiration of the claims-made policy.

The current malpractice insurance provides \$2,000,000 per claim of primary coverage with \$5,000,000 aggregate limit. There are no significant deductibles or coinsurance clauses.

No liability has been accrued for future coverage for acts, if any, occurring in this or prior years. Also, it is possible that claims may exceed coverage available in any given year.

Litigation, Claims, and Disputes

The District is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the District.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

Collective Bargaining Agreements

As of June 30, 2024, approximately 18% of the District's employees were represented by one separate collective bargaining unit. The agreement extends through June 30, 2026.

Note 11 - Transfers

Fund	Transfers In	Transfers Out
Medical Office Building Sub-Fund	\$ 43,571	\$ -
Capital Trust Sub-Fund	-	(43,571)
	<u>\$ 43,571</u>	<u>\$ (43,571)</u>

The earnings in the capital trust fund are restricted by the trust for District capital purchases. After the construction of the medical office building, trust income has been used to pay the debt for this construction. The transfer from the operating fund was made to meet the debt payment requirements.



Required Supplementary Information
June 30, 2024

Harney County Health District

Harney County Health District
Schedule of the Proportionate Share of Net Pension Liability (Asset)
Last Ten Years*

Year Ended June 30,	District's proportion of the net pension liability (asset)	District's proportionate share of the net liability (asset)	District's covered payroll	District's proportionate share of the net pension liability (asset) as a percentage of covered payroll	Plan fiduciary net position as a percentage of the total liability
2024	0.10107214%	\$ 18,931,505	\$ 13,452,526	140.73%	81.7%
2023	0.09917358%	15,185,465	12,884,700	117.86%	84.5%
2022	0.10117406%	12,106,974	10,421,123	116.18%	87.6%
2021	0.10326534%	22,536,049	11,992,370	187.92%	75.8%
2020	0.10425561%	18,033,724	12,581,795	143.33%	80.2%
2019	0.09605782%	14,551,495	12,516,523	116.26%	82.1%
2018	0.09562587%	12,890,403	10,757,913	119.82%	83.1%
2017	0.09187897%	13,793,167	10,350,050	133.27%	80.5%
2016	0.08710214%	5,000,936	10,317,663	48.47%	88.4%
2015	0.06738475%	(1,527,420)	9,362,004	-16.32%	103.6%

The amounts presented for each fiscal year were actuarially determined at December 31 and rolled forward to the measurement date.

*GASB Statement No. 68 requires ten years of information to be presented in this table.

Harney County Health District
Schedule of Employer Contributions
Last Ten Years*

Year Ended June 30,	(a) Statutorily required contribution	(b) Contributions in relation to the statutorily contribution	(a-b) Contribution deficiency (excess)	(c) District's covered payroll	(b/c) Contributions as a percent of covered payroll
2024	\$ 2,510,581	\$ 2,510,581	\$ -	\$ 13,452,526	18.66%
2023	2,294,160	2,294,160	-	12,884,700	17.81%
2022	1,761,602	1,761,602	-	10,421,123	16.90%
2021	2,006,776	2,006,776	-	11,992,370	16.73%
2020	1,861,999	1,861,999	-	12,581,795	14.80%
2019	1,275,028	1,275,028	-	12,516,523	10.19%
2018	1,204,924	1,204,924	-	10,757,913	11.20%
2017	818,221	818,221	-	10,350,050	7.91%
2016	800,504	800,504	-	10,317,663	7.76%
2015	499,380	499,380	-	9,362,004	5.33%

The amounts presented for each fiscal year were actuarially determined at December 31 and rolled forward to the measurement date.

*GASB Statement No. 68 requires ten years of information to be presented in this table.

Changes in Plan Provisions

A summary of key changes in plan provisions are described in the Oregon Public Employees Retirement System's GASB 68 Disclosure Information which can be found at:

<https://www.oregon.gov/pers/EMP/Documents/GASB/2014/GASB-Disclosure-Information.pdf>

Changes of Assumptions

Additional details and a comprehensive list of changes in methods and assumptions can be found in the 2018 Experience Study for the System, which was published on July 24, 2019, and can be found at:

https://www.oregon.gov/pers/Documents/Financials/Actuarial/2023/2022_Exp_Study.pdf



Supplementary Information
June 30, 2024

Harney County Health District

Harney County Health District
Schedule of Resources and Expenditures – Budget vs. Actual – District Operating Fund
Year Ended June 30, 2024

	<u>Budget</u>	<u>Actual</u>	Variance Favorable (Unfavorable)
Resources			
Net working capital, beginning of year	\$ 14,218,254	\$ 479,218	\$ (13,739,036)
Net operating revenue	34,025,717	35,124,236	1,098,519
Property taxes	1,399,127	1,384,343	(14,784)
Grants/contributions/other nonoperating	450,468	(293,533)	(744,001)
Interest	340,100	669,692	329,592
Total resources	<u>\$ 50,433,666</u>	<u>37,363,956</u>	<u>\$ (13,069,710)</u>
Expenditures			
Personnel services	\$ 24,168,236	19,744,241	\$ 4,423,995
Materials and services	10,439,105	13,969,198	(3,530,093)
Capital outlay	828,963	592,578	236,385
Debt service	1,193,939	998,235	195,704
Contingencies	100,000	-	100,000
Special payments	-	-	-
Net working capital, end of year	<u>13,703,422</u>	<u>(4,275,168)</u>	<u>17,978,590</u>
Total expenditures	<u>\$ 50,433,665</u>	<u>31,029,084</u>	<u>\$ 19,404,581</u>
Resources in Excess of Expenditures		<u>6,334,872</u>	
Reconciliation of Statutory Operating Expenditures to GAAP Basis Operating Expenses			
Add net working capital, end of year		(4,275,168)	
Add capital asset additions		592,578	
Add long-term debt principal reductions		541,991	
Less net working capital, beginning of year		(479,218)	
Less pension expense		(2,486,981)	
Less depreciation and amortization		<u>(1,189,840)</u>	
Total effects of reconciliation		<u>(7,296,638)</u>	
Change in Net Position		(961,766)	
Net Position, Beginning of Year		<u>479,218</u>	
Net Position, End of Year		<u>\$ (482,548)</u>	

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – Medical Office Building (Sub-Fund of the Operating Fund) Year Ended June 30, 2024

	Budget	Actual	Variance Favorable (Unfavorable)
Resources			
Net working capital, beginning of year	\$ -	\$ (174,912)	\$ (174,912)
Transfers from other funds	35,000	43,571	8,571
Total resources	<u>\$ 35,000</u>	<u>(131,341)</u>	<u>\$ (166,341)</u>
Expenditures			
Debt service	\$ 181,019	190,733	\$ (9,714)
Net working capital, end of year	-	(312,359)	312,359
Total expenditures	<u>\$ 181,019</u>	<u>(121,626)</u>	<u>\$ 302,645</u>
Expenditures in Excess of Resources		<u>(9,715)</u>	
Reconciliation of Statutory Operating Expenditures to GAAP Basis Operating Expenses			
Add net working capital, end of year		(312,359)	
Add long-term debt principal reductions		159,000	
Less net working capital, beginning of year		174,912	
Less depreciation and amortization		<u>(99,167)</u>	
Total effects of reconciliation		<u>(77,614)</u>	
Change in Net Position		(87,329)	
Net Position, Beginning of Year		<u>(185,462)</u>	
Net Position, End of Year		<u>\$ (272,791)</u>	

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – Capital Trust Fund (Sub-Fund of the Operating Fund)

Year Ended June 30, 2024

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
Resources			
Trust income	<u>\$ 35,000</u>	<u>\$ 43,571</u>	<u>\$ 8,571</u>
Expenditures			
Transfers to other funds	<u>\$ 35,000</u>	<u>43,571</u>	<u>\$ (8,571)</u>
Resources In Excess of Expenditures		<u>-</u>	
Change in Net Position		-	
Net Position, Beginning of Year		<u>-</u>	
Net Position, End of Year		<u>\$ -</u>	

Harney County Health District
Schedule of Property Tax Transactions and Outstanding Balances
Year Ended June 30, 2024

Fiscal Year	Uncollected Taxes June 30, 2023	2023-2024 Assessment	(Abatelements) and Adjustments	Interest Collected	Discounts	Total Amount Collected	Uncollected Taxes June 30, 2024
2023-2024	\$ -	\$ 1,414,042	\$ (1,384)	\$ 376	\$ (32,922)	\$ (1,237,415)	\$ 142,697
2022-2023	130,951	-	(7,737)	1,472	-	(34,290)	90,396
2021-2022	23,846	-	(89)	1,099	-	(10,918)	13,938
2020-2021	16,342	-	(86)	1,774	-	(11,367)	6,663
2019-2020	6,485	-	(83)	1,363	-	(7,063)	702
2018-2019	3,188	-	(82)	303	-	(1,005)	2,404
2017 and prior	14,166	-	(79)	355	-	(1,256)	13,186
Total	<u>\$ 194,978</u>	<u>\$ 1,414,042</u>	<u>\$ (9,540)</u>	<u>\$ 6,742</u>	<u>\$ (32,922)</u>	<u>\$ (1,303,314)</u>	<u>\$ 269,986</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2024

	Operating	Capital Trust	Medical Office Building	Total
Assets and Deferred Outflows of Resources				
Current Assets				
Cash and cash equivalents	\$ 339,262	\$ -	\$ -	\$ 339,262
Cash equivalents in external investment pool	7,709,698	-	(312,359)	7,397,339
Receivables				
Patient, net of estimated uncollectibles of \$3,029,000	5,284,966	-	-	5,284,966
Estimated third-party payor settlements	151,076	-	-	151,076
Property tax	269,986	-	-	269,986
Other	565,466	-	-	565,466
Supplies	250,720	-	-	250,720
Prepaid expenses	379,301	-	-	379,301
Total current assets	<u>14,950,475</u>	<u>-</u>	<u>(312,359)</u>	<u>14,638,116</u>
Noncurrent Cash Equivalents in External Investment Pool				
Internally designated for specific operating purposes and capital improvements	5,122,542	-	-	5,122,542
Restricted for outreach programs	9,169	-	-	9,169
USDA debt reserve fund	466,110	-	-	466,110
Total noncurrent cash equivalents in external investment pool	<u>5,597,821</u>	<u>-</u>	<u>-</u>	<u>5,597,821</u>
Capital Assets				
Capital assets not being depreciated	468,983	-	-	468,983
Capital assets being depreciated, net	8,225,645	-	529,282	8,754,927
Right-to-use subscription IT assets, net	59,662	-	-	59,662
Total capital assets	<u>8,754,290</u>	<u>-</u>	<u>529,282</u>	<u>9,283,572</u>
Other Assets				
Notes receivable	164,018	-	-	164,018
Total assets	<u>29,466,604</u>	<u>-</u>	<u>216,923</u>	<u>29,683,527</u>
Deferred Outflows of Resources				
Pension	5,727,956	-	-	5,727,956
Total assets and deferred outflows of resources	<u>\$ 35,194,560</u>	<u>\$ -</u>	<u>\$ 216,923</u>	<u>\$ 35,411,483</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2024

	Operating	Capital Trust	Medical Office Building	Total
Liabilities, Deferred Inflows of Resources, and Net Position				
Current Liabilities				
Current maturities of subscription IT liabilities	\$ 24,934	\$ -	\$ -	\$ 24,934
Current maturities of long-term debt	584,864	-	165,000	749,864
Accounts payable				
Trade	1,144,131	-	-	1,144,131
Estimated third-party payor settlements	714,578	-	-	714,578
Accrued expenses				
Salaries and wages	454,197	-	-	454,197
Paid time off	633,006	-	-	633,006
Interest	39,043	-	-	39,043
Employee benefit plans	718,414	-	-	718,414
Payroll taxes	197,844	-	-	197,844
Total current liabilities	<u>4,511,011</u>	<u>-</u>	<u>165,000</u>	<u>4,676,011</u>
Long-Term Liabilities				
Long-term subscription IT liabilities, less current maturities	39,869	-	-	39,869
Long-term debt, net of current maturities	9,828,106	-	349,000	10,177,106
Net pension liability	18,931,505	-	-	18,931,505
Total long-term liabilities	<u>28,799,480</u>	<u>-</u>	<u>349,000</u>	<u>29,148,480</u>
Total liabilities	<u>33,310,491</u>	<u>-</u>	<u>514,000</u>	<u>33,824,491</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2024

	Operating	Capital Trust	Medical Office Building	Total
Deferred Inflow of Resources				
Refunding costs	141,380	-	(24,286)	117,094
Pension plan	2,225,237	-	-	2,225,237
Total deferred inflow of resources	<u>2,366,617</u>	<u>-</u>	<u>(24,286)</u>	<u>2,342,331</u>
Net Position				
Net investment in capital assets	(1,805,201)	-	39,568	(1,765,633)
Restricted				
Expendable for programs	9,169	-	-	9,169
Expendable for debt service	466,110	-	-	466,110
Unrestricted				
Board designated for capital improvement	5,122,542	-	-	5,122,542
Unrestricted	<u>(4,275,168)</u>	<u>-</u>	<u>(312,359)</u>	<u>(4,587,527)</u>
Total net position	<u>(482,548)</u>	<u>-</u>	<u>(272,791)</u>	<u>(755,339)</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 35,194,560</u>	<u>\$ -</u>	<u>\$ 216,923</u>	<u>\$ 35,411,483</u>

Harney County Health District
Statement of Revenues, Expenses, and Changes in Net Position – Combining
Year Ended June 30, 2024

	Operating	Capital Trust	Medical Office Building	Total
Operating Revenues				
Net patient service revenue	\$34,307,712	\$ -	\$ -	\$34,307,712
Other revenues	816,524	-	-	816,524
Total operating revenues	35,124,236	-	-	35,124,236
Operating Expenses				
Salaries and wages	16,586,715	-	-	16,586,715
Employee benefits	5,644,507	-	-	5,644,507
Purchased services, professional fees, and supplies	13,969,198	-	-	13,969,198
Depreciation and amortization	1,189,840	-	99,167	1,289,007
Total operating expenses	37,390,260	-	99,167	37,489,427
Operating Loss	(2,266,024)	-	(99,167)	(2,365,191)
Nonoperating Revenues (Expenses)				
Property taxes	1,384,343	-	-	1,384,343
Interest income	669,692	-	-	669,692
Rental income	11,235	-	-	11,235
Trust income	-	43,571	-	43,571
Transfers from other funds	-	-	43,571	43,571
Transfers to other funds	-	(43,571)	-	(43,571)
Repayment of PRF	(321,273)	-	-	(321,273)
Interest expense	(456,244)	-	(31,733)	(487,977)
Net nonoperating revenues (expenses)	1,287,753	-	11,838	1,299,591
Revenues in Excess of (Less Than) Expenses Before Capital Grants and Contributions	(978,271)	-	(87,329)	(1,065,600)
Capital Grants and Contributions	16,505	-	-	16,505
Change in Net Position	(961,766)	-	(87,329)	(1,049,095)
Net Position, Beginning of Year	479,218	-	(185,462)	293,756
Net Position, End of Year	\$ (482,548)	\$ -	\$ (272,791)	\$ (755,339)



Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
Harney County Health District
Burns, Oregon

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Harney County Health District (the District) as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated December 10, 2024.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Eric Sully LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
December 10, 2024

Financial Statement Findings

None Reported.



Additional Required Reports
June 30, 2024

Harney County Health District

Audit Comments and Disclosures Required by State Regulations

Oregon Administrative Rules 162-10-0000 through 162-10-0330 of the Minimum Standards for Audits of Oregon Municipal Corporations, prescribed by the Secretary of State in cooperation with the Oregon State Board of Accountancy, enumerate the financial statements, schedules, comments, and disclosures required in audit reports. The required statements and schedules are set forth in the preceding sections of this report. Required comments and disclosures related to the audit of such statements and schedules are set forth in the following pages.



Independent Auditor’s Report Required by Oregon State Regulations

To the Board of Directors
Harney County Health District
Burns, Oregon

We have audited the basic financial statements of Harney County Health District (the District) as of and for the year ended June 30, 2024, and have issued our report thereon dated December 10, 2024. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the provisions of the Minimum Standards of Audits of Oregon Municipal Corporations, prescribed by the Secretary of State. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement.

Compliance

As part of obtaining reasonable assurance about whether the District’s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, including provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-010-0000 through 162-010-0330, as set forth below, noncompliance with which could have a direct and material effect on the determination of financial statements amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion.

We performed procedures to the extent we considered necessary to address the required comments and disclosures which included, but were not limited to the following:

OAR	Section	Instances of Non-Compliance Identified
162-010-0000	Preface	Not Applicable
162-010-0010	Definitions	Not Applicable
162-010-0020	General Requirements	None noted
162-010-0030	Contracts	None noted
162-010-0050	Financial Statements	None noted
162-010-0115	Required Supplementary Information (RSI)	None noted
162-010-0120	Supplementary Financial Information	None noted
162-010-0130	Schedule of Revenues, Expenditures / Expenses, and Changes in Fund Balances / Net Position, Budget and Actual (Each Fund)	None noted

OAR	Section	Instances of Non-Compliance Identified
162-010-0140	Schedule of Accountability for Independently Elected Officials	Not Applicable
162-010-0190	Other Financial or Statistical Information	Not Applicable
162-010-0200	Independent Auditor's Review of Fiscal Affairs	None noted
162-010-0230	Accounting Records and Internal Control	None noted
162-010-0240	Public Fund Deposits	None noted
162-010-0250	Indebtedness	None noted
162-010-0260	Budget	Not Applicable
162-010-0270	Insurance and Fidelity Bonds	Not Applicable
162-010-0280	Programs Funded from Outside Sources	Not Applicable
162-010-0295	Highway Funds	Not Applicable
162-010-0300	Investments	None noted
162-010-0310	Public Contracts and Purchasing	Not Applicable
162-010-0315	State School Fund	Not Applicable
162-010-0316	Public Charter Schools	Not Applicable
162-010-0320	Other Comments and Disclosures	Not Applicable
162-010-0330	Extension of Time to Deliver Audit Reports	None noted

In connection with our testing nothing came to our attention that caused us to believe the District was not in substantial compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-330 of the Minimum Standards for Audits of Oregon Municipal Corporations.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of District's internal control. Accordingly, we do not express an opinion on the effectiveness of District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with Minimum Standards for Audits of Oregon Municipal Corporations, prescribed by the Secretary of State, in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Eide Bailly LLP

By:

A handwritten signature in black ink that reads "Kevin Smith". The signature is written in a cursive, flowing style.

Kevin Smith, CPA, Oregon Municipal Auditor, Lic#1527
Boise, Idaho
December 10, 2024

Financial Statements
June 30, 2025

Harney County Health District

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Directory of Officials

Elected

Board of Directors:

Sharon Davis, Board Chair
Kara Bowen, Board Treasurer
Jolene Cawlfeld, Board Secretary
Deborah Bentz
Kathy Cook
Shana Withee
Julie Riel

Appointed

Administrator:

Bob Gomes, CEO

Mailing Address

District:

Harney District Hospital
557 W. Washington St.
Burns, OR 97720



Independent Auditor's Report

The Board of Directors
Harney County Health District
Burns, Oregon

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the business-type activities of Harney County Health District (the District) and a discretely presented component unit, Harney District Hospital Foundation, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of the District and of its discretely presented component unit as of June 30, 2025, and the respective changes in financial position and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). 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 the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Adoption of New Accounting Standard

As discussed in Notes 1 and 11 to the financial statements, the District has adopted the provisions of Government Accounting Standards Board (GASB) Statement No. 101, *Compensated Absences*, for the year ended June 30, 2025. Accordingly, a restatement has been made to the District's beginning net position as of July 1, 2024. 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 the District's ability to continue as a going concern for twelve 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 opinions. 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 and *Government Auditing Standards* 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 and *Government Auditing Standards*, 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 District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of the proportionate share of the net pension liability (asset), and schedule of employer contributions, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our 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 audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's financial statements. The Schedules of Resources and Expenditures – Budget vs. Actual, Schedule of Property Tax Transactions and Outstanding Balances, Statements of Net Position – Combining, and Statements of Revenues and Expenses and Changes in Net Position – Combining (supplementary information) are presented for purposes of additional analysis and are not required parts of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Information

Management is responsible for the other information included in the annual report. The other information comprises the Directory of Officials but does not include the basic financial statements and our auditor's report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report dated December 19, 2025, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Other Reporting Required by Regulatory Requirements

In accordance with the *Minimum Standards of Audits of Oregon Municipal Corporations*, we have issued our report dated December 19, 2025, on our consideration of the District's compliance with certain provisions of laws and regulations, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules. The purpose of that report is to describe the scope of our testing of compliance and the results of that testing and not to provide an opinion on compliance.



Eide Bailly LLP

By:



Kevin Smith, CPA, Oregon Municipal Auditor, Lic#1527
Boise, Idaho
December 19, 2025



Harney District Hospital

557 W. WASHINGTON • BURNS, OR 97720 • 541-573-7281 • www.harneydh.com

Management's Discussion and Analysis Fiscal year ending June 30, 2025

Management of Harney County Health District (Health District or District) provides this Discussion and Analysis of the annual financial statements. This narrative and overview is for the fiscal years ending June 30, 2025 and 2024. Please consider this information in conjunction with the District's financial statements, which follow this section.

Using This Financial Report

Management's Discussion and Analysis introduces the financial statements, provides analysis of past events, commentary on the financial statements, and information on management's plans for the coming year. The basic financial statements consist of the Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position and Statement of Cash Flows. These statements will be briefly summarized in this report.

The District is a government entity, a political subdivision of the State of Oregon rendering hospital and other healthcare services to the residents of Harney County. The District operates a 25-bed acute care hospital, provides obstetric services, surgical services, orthopedic services, emergency care, and ancillary services (laboratory, imaging, infusion, etc.). Outpatient clinic services are provided through the District-owned rural health clinic (RHC) and the NewSun Energy & HDH Specialty Care Clinic.

A seven-member Board of Directors governs the District. The members of the Board of Directors are elected for a term of four years. The Board has a duty to appoint a Chief Executive Officer and delegates the day-to-day operations of the District to the Chief Executive Officer.

The District levies and the County collects property taxes from the property owners in the County. The tax revenue is used to support the District in providing healthcare services to its members. Tax receipts represented approximately 3.50% and 3.80% of the District revenues for the years ended June 30, 2025 and 2024, respectively.

The District uses three independently balanced funds to account for all operations. The Operating Fund accounts for the operation of the Hospital, Family Care Clinic, and Specialty Care Clinic. This fund has almost all of the activity and most of the resources of Harney County Health District. The Medical Office Building Fund accounts for the operation of the Hotchkiss Building which houses the Family Care Clinic and HDH Physical Therapy. The Capital Trust Fund accounts for the funds provided to the hospital by the Hotchkiss Trust. The Capital Trust Fund is not owned by the District and is managed by US Bank. The earnings from the trust are used to assist in paying down the mortgage on the Medical Office Building. The results of these three funds are combined to create the financial statements of the District.

Additionally, the Harney District Hospital Foundation is a discretely presented component unit in these financial statements.

Notes to the financial statements provide additional information regarding the financial condition of the District. Management's philosophy is to provide extensive, transparent financial information that demonstrates the current financial health of the District.

Fiscal Year 2025 Overview

	2025	As restated 2024
Current and other assets	\$ 21,449,127	\$ 20,399,955
Capital assets	8,705,802	9,283,572
Total assets	30,154,929	29,683,527
Deferred outflow of resources	7,381,412	5,727,956
Current liabilities	5,458,863	4,806,647
Long-term liabilities	31,168,078	29,148,480
Total liabilities	36,626,941	33,955,127
Deferred inflow of resources	2,074,528	2,342,331
Invested in capital assets, net of related debt	(1,897,855)	(1,765,633)
Restricted		
Expendable for programs	9,274	9,169
Expendable for debt service	466,110	466,110
Unrestricted		
Board designated for capital improvement	5,378,479	5,122,542
Unrestricted	(5,121,136)	(4,718,163)
Total net position	<u>\$ (1,165,128)</u>	<u>\$ (885,975)</u>

Assets: For 2025, total assets increased \$471,402 from the prior year. Net accounts receivable increased by \$1,329,141. Cash equivalents in external investment pool decreased \$901,662. Total current assets increased \$850,496. Total capital assets decreased \$577,770. Depreciation expense totaled \$1.4 million, which is a non-cash accounting expense.

- 2025 current assets in ratio to current liabilities was 2.8.

For 2024, total assets decreased \$399,271 from the prior year. Net accounts receivable increased by \$2,300,930. Cash equivalents in external investment pool decreased \$5,483,783 due to the funds being internally transferred to specific operating purposes for capital improvement to be used in the future. Total current assets decreased \$4,829,126. Total capital assets decreased \$657,122. Depreciation expense totaled \$1.3 million, which is a non-cash accounting expense.

- 2024 current assets in ratio to current liabilities was 3.2.

Liabilities: For 2025, total liabilities increased \$2,671,814. Total current liabilities increased \$652,216 due to an increase in salaries and wages accrued expenses, compensated absences and third-party payor settlements. Net pension liability increased \$2,660,761 and long-term debt decreased \$702,112.

For 2024, total liabilities increased \$4,058,052. Total current liabilities increased \$1,086,809 due to an increase in accounts payable and estimated third-party payor settlements. Net pension liability increased \$3,746,040 and long-term debt decreased \$749,863.

Net Position: The District ended the 2025 fiscal year with a total net deficit of \$(1,165,128).

Harney County Health District
Management's Discussion and Analysis
June 30, 2025

	2025	As restated 2024
Operating Revenues		
Net patient service revenues	\$ 39,104,901	\$ 34,307,712
Other revenues	611,654	816,524
Total operating revenues	<u>39,716,555</u>	<u>35,124,236</u>
Operating Expenses		
Salaries and wages	17,552,998	16,983,373
Employee benefits	6,294,671	5,644,507
Purchased services and supplies	16,702,068	13,703,176
Depreciation and amortization	1,412,693	1,289,007
Total operating expenses	<u>41,962,430</u>	<u>37,620,063</u>
Operating Loss	<u>(2,245,875)</u>	<u>(2,495,827)</u>
Nonoperating Revenues (Expenses)		
Property taxes	1,450,301	1,384,343
Interest income	695,720	669,692
Gain on disposal of capital assets	32,510	-
Rental income	10,395	11,235
Trust income	40,577	43,571
Nonoperating grant expense	28,168	(321,273)
Interest expense	(481,860)	(487,977)
Nonoperating revenues, net	<u>1,775,811</u>	<u>1,299,591</u>
Expenses in Excess of Revenues before Capital Grants and Contributions	(470,064)	(1,196,236)
Capital Grants and Contributions	<u>190,911</u>	<u>16,505</u>
Change in Net Position	(279,153)	(1,179,731)
Net Position, Beginning of Year	<u>(885,975)</u>	<u>293,756</u>
Net Position, End of Year	<u><u>\$ (1,165,128)</u></u>	<u><u>\$ (885,975)</u></u>

Revenues:

The primary source of revenue is from District operations which accounted for 95% of all revenue. Operating revenue consisted of \$39.1 million net patient service revenue and \$611,654 other revenue. Nonoperating revenue accounted for 5% of total revenue and is comprised of property taxes of \$1.45 million, interest income of \$695,720, gain on sale of capital assets of \$32,510, rental income of \$10,395, Hotchkiss Trust income of \$40,577, and grant revenue of \$28,168.

For 2024, operating revenue accounted for 94% of all revenue. Operating revenue consisted of \$34.3 million net patient service revenue and \$816,524 other revenue. Nonoperating revenue was 6% of total revenue and comprised of property taxes of \$1.38 million, interest income of \$669,692, rental income of \$11,235, and Hotchkiss Trust income of \$43,571.

Expenses:

Virtually all expenses (98.9%) were generated by District operations. Employee salaries and benefits totaled \$23.8 million and accounted for 56% of all District expenditures. Purchased services and supplies totaled \$16.7 million and accounted for 39.4% of expenditures. Depreciation and amortization expense (a non-cash expense) totaled \$1.4 million and interest expense for the hospital building and equipment totaled \$481,860.

For 2024, 97.9% of expenses were generated by District operations. Employee salaries and benefits totaled \$22.5 million and accounted for 58% of all hospital expenditures. Purchased services and supplies totaled \$13.7 million and accounted for 37% of expenditures. Depreciation and amortization expense (a non-cash expense) totaled \$1.3 million and interest expense for the hospital building and equipment totaled \$487,977.

Capital Assets: Capital asset expenditures were \$665,532 this year. The District purchases included an ambulance, ENT program equipment and other medical equipment.

Debt: Approximately \$123,000 of new debt was added during the fiscal year. The District's outstanding debt consists primarily of hospital building and medical office building debt. The District's outstanding building debt at June 30, 2025, was \$9.8 million for the hospital building, \$349,000 for the medical office building and \$123,000 for an equipment note payable.

Contacting the District's Financial Management

This report provides the District patients, taxpayers, and creditors with a general overview of the District's finances and seeks to provide accountability for the funds it receives. For questions about this report or for additional financial information, contact Harney District Hospital Administration at 557 W Washington St, Burns, OR 97720 or call 541-413-6059.

Harney County Health District
Statement of Net Position
June 30, 2025

Assets and Deferred Outflows of Resources

Current Assets

Cash and cash equivalents	\$ 707,431
Cash equivalents in external investment pool	6,495,677
Receivables	
Patient, net of estimated uncollectibles of \$3,591,000	6,614,107
Estimated third-party payor settlements	198,648
Property taxes	361,242
Other	387,207
Supplies	253,269
Prepaid expenses	471,031
Total current assets	15,488,612

Noncurrent Cash Equivalents in External Investment Pool

Internally designated for specific operating purposes and capital improvements	5,378,479
Restricted for outreach programs	9,274
USDA debt reserve fund	466,110
Total noncurrent cash equivalents in external investment pool	5,853,863

Capital Assets

Capital assets not being depreciated	230,072
Capital assets being depreciated, net	8,307,617
Right-to-use subscription IT assets, net	168,113
Total capital assets	8,705,802

Other Assets

Notes receivable	106,652
Total assets	30,154,929

Deferred Outflow of Resources

Pension	7,381,412
Total assets and deferred outflows of resources	<u>\$ 37,536,341</u>

Harney County Health District
Statement of Net Position
June 30, 2025

Liabilities, Deferred Inflows of Resources, and Net Position

Current Liabilities

Checks issued in excess of bank balance	\$ 452,793
Current maturities of subscription IT liabilities	75,363
Current maturities of long-term debt	844,525
Accounts payable	
Trade	862,082
Estimated third-party payor settlements	925,249
Accrued expenses	
Salaries and wages	513,877
Compensated absences	757,211
Interest	35,036
Employee benefit plans	649,774
Payroll taxes	342,953
	<u>5,458,863</u>
Total current liabilities	<u>5,458,863</u>

Long-Term Liabilities

Long-term subscription IT liabilities, less current maturities	100,818
Long-term debt, less current maturities	9,474,994
Net pension liability	21,592,266
	<u>31,168,078</u>
Total long-term liabilities	<u>31,168,078</u>
Total liabilities	<u>36,626,941</u>

Deferred Inflows of Resources

Refunding costs	107,957
Pension plan	1,966,571
	<u>2,074,528</u>
Total deferred inflows of resources	<u>2,074,528</u>

Net Position

Net investment in capital assets	(1,897,855)
Restricted	
Expendable for programs	9,274
Expendable for debt service	466,110
Unrestricted	
Board designated for capital improvement	5,378,479
Unrestricted	(5,121,136)
	<u>(1,165,128)</u>
Total net position (deficit)	<u>(1,165,128)</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 37,536,341</u>

Harney County Health District
Statement of Financial Position – Discretely Presented Component Unit
Harney Hospital Foundation
December 31, 2024

Assets

Cash and cash equivalents	\$ 524,618
Endowment investments	<u>186,154</u>
Total assets	<u><u>\$ 710,772</u></u>

Net Assets

Without donor restrictions	\$ 186,322
With donor restrictions	<u>524,450</u>
Total net assets	<u><u>\$ 710,772</u></u>

Harney County Health District
Statement of Revenues, Expenses, and Changes in Net Position
Year Ended June 30, 2025

Operating Revenues	
Net patient service revenue, net of provision for bad debts of \$1,662,000	\$ 39,104,901
Other revenues	<u>611,654</u>
Total operating revenues	<u>39,716,555</u>
Operating Expenses	
Salaries and wages	17,552,998
Employee benefits	6,294,671
Purchased services, professional fees, and supplies	16,702,068
Depreciation and amortization	<u>1,412,693</u>
Total operating expenses	<u>41,962,430</u>
Operating Loss	<u>(2,245,875)</u>
Nonoperating Revenues (Expenses)	
Property taxes	1,450,301
Interest income	695,720
Gain on sale of capital assets	32,510
Rental income	10,395
Trust income	40,577
Grant revenue	28,168
Interest expense	<u>(481,860)</u>
Net nonoperating revenues	<u>1,775,811</u>
Expenses in Excess of Revenues before Capital Grants and Contributions	(470,064)
Capital Grants and Contributions	<u>190,911</u>
Change in Net Position	(279,153)
Net Position, Beginning of Year, as previously stated	(755,339)
Adjustments (Note 11)	<u>(130,636)</u>
Net Position, Beginning of Year, as restated	<u>(885,975)</u>
Net Position (Deficit), End of Year	<u><u>\$ (1,165,128)</u></u>

Harney County Health District
Statement of Activities – Discretely Presented Component Unit
Harney Hospital Foundation
Year Ended December 31, 2024

Support and Revenue Without Donor Restrictions

Support and Revenue	
Contributions	\$ 24,000
In-kind contributions	69,234
Net investment gain	28,121
Release from restriction	<u>130,805</u>

Total support and revenue	<u>252,160</u>
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Expenses

Contributions	74,882
Program and fundraising	19,223
General services and administrative	<u>69,234</u>

Total expenses	<u>163,339</u>
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Change in Net Assets Without Donor Restrictions	<u>88,821</u>
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Changes in Net Assets With Donor Restrictions

Contributions for a specific purpose	319,725
Net assets released from restriction	<u>(130,805)</u>

Change in Net Assets With Donor Restrictions	<u>188,920</u>
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Change in Net Assets	277,741
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Net Assets, Beginning of Year	<u>433,031</u>
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Net Assets, End of Year	<u><u>\$ 710,772</u></u>
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Harney County Health District

Statement of Cash Flows

Year Ended June 30, 2025

Operating Activities	
Receipts from and on behalf of patients	\$ 37,938,859
Receipts from other operating revenues	789,913
Payments to and on behalf of employees	(22,882,277)
Payments to suppliers, contractors and others	<u>(16,625,603)</u>
Net Cash used for Operating Activities	<u>(779,108)</u>
Noncapital Financing Activities	
Receipts from taxation	1,359,045
Proceeds from trust	40,577
Noncapital contributions (and grants)	<u>28,168</u>
Net Cash from Noncapital Financing Activities	<u>1,427,790</u>
Capital and Related Financing Activities	
Purchase of capital assets	(665,532)
Proceeds from sale of capital assets	57,585
Capital contributions (and grants)	190,911
Principal payments on long-term debt	(730,298)
Proceeds from the issuance of long-term debt	122,847
Principal payments on subscription liabilities	(83,088)
Interest paid	<u>(495,004)</u>
Net Cash used for Capital and Related Financing Activities	<u>(1,602,579)</u>
Investing Activities	
Receipts from rental properties	10,395
Issuance of notes receivable	(29,669)
Interest income	<u>695,720</u>
Net Cash from Investing Activities	<u>676,446</u>
Net Change in Cash and Cash Equivalents	(277,451)
Cash and Cash Equivalents, Beginning of Year	<u>13,334,422</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 13,056,971</u></u>

Harney County Health District

Statement of Cash Flows

Year Ended June 30, 2025

Reconciliation of Cash and Cash Equivalents	
to the statement of net position	
Cash and cash equivalents in current assets	\$ 707,431
Cash equivalents in external investment pool	6,495,677
Noncurrent cash equivalents in external investment pool	<u>5,853,863</u>
Total cash and cash equivalents	<u>\$ 13,056,971</u>
Reconciliation of Operating Loss to Net Cash used for	
Operating Activities	
Operating loss	\$ (2,245,875)
Adjustments to reconcile operating loss to net cash	
used for operating activities	
Forgiveness of employee notes receivable	87,035
Depreciation and amortization	1,412,693
Provision for bad debts and charity care	1,661,687
Pension expense	748,639
Changes in operating assets and liabilities	
Receivables	
Patient accounts	(2,990,828)
Other	178,259
Estimated third-party payor settlements	(47,572)
Supplies	(2,549)
Prepaid expenses	(91,730)
Checks issued in excess of bank balance	452,793
Accounts payable	(282,049)
Estimated third-party payor settlements	210,671
Accrued expenses	
Salaries and wages	59,680
Compensated absences	(6,431)
Employee benefit plans	(68,640)
Payroll taxes	<u>145,109</u>
Net Cash used for Operating Activities	<u>\$ (779,108)</u>

Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The financial statements of the Harney County Health District (the District or Hospital) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the District are described below.

Reporting Entity

The District is a 25-bed acute care hospital in Burns, Oregon. The District provides health care services to patients in the Harney County, Oregon market.

The District operates under the laws of the State of Oregon for Oregon municipal corporations. On March 27, 1990, the formation of a health district was approved by Harney County voters in accordance with ORS 440.320. Effective July 1, 1990, all property was deeded to the District from Harney County and Harney County Hospital began operations as Harney County Health District. The District is supported by a permanent tax base in the amount of \$1.9314 per \$1,000 of assessed value of all taxable property within the District which was approved by voters on May 21, 1996. The District is governed by an elected seven-member Board of Directors that exercises governing oversight responsibility for the District which includes such duties as budget review, care of patients, and management of the facilities. As organized, the District is exempt from payment of federal and state income tax under Internal Revenue Code Section 501(a).

For financial reporting purposes, the District has included all funds, organizations, account groups, boards, commissions and authorities. The District has also considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the District are such that exclusion would cause the District's financial statements to be misleading or incomplete. The Government Accounting Standards Board (GASB) has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the District to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the District.

Discretely Presented Component Unit

Harney District Hospital Foundation (the Foundation) was established for health care purposes and to advance and assist in the development, growth, and operation of the District. Funds raised are distributed to the Burns, Oregon community primarily through the purchase of property and equipment, supplies, and support. The Foundation has a December 31 year end and the balances presented are as of December 31. The Foundation has been determined to be a component unit and is presented as a discretely presented component unit in the District's financial statements.

Measurement Focus and Basis of Accounting

Measurement focus refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

Basis of Presentation

The statement of net position displays the District's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following categories/components:

Net investment in capital assets consists of net capital assets reduced by the outstanding balances of any related debt obligations and deferred inflows of resources attributable to the acquisition, construction or improvement of those assets or the related debt obligations and increased by balances of deferred outflows of resources related to those assets or debt obligations.

Restricted net position:

Restricted – expendable net position results when constraints placed on net position use are either externally imposed or imposed through enabling legislation. Restricted expendable net position at June 30, 2025 for programs totaled \$9,274. Restricted expendable net position at June 30, 2025 for debt service totaled \$466,110.

Restricted - nonexpendable net position is subject to externally imposed stipulations which require them to be maintained permanently by the District. The District has none at June 30, 2025.

Unrestricted net position consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management which can be removed or modified.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the District's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Budgetary Information

The District adopts an annual budget in accordance with Oregon statutes. The budget is adopted on a basis consistent with generally accepted accounting principles. The legal level of budgetary control (i.e. the level at which expenses may not legally exceed appropriations) is at the fund level. Appropriations, except remaining project appropriations and encumbrances, lapse at the end of the fiscal year.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the District considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

Restricted Cash

Cash that has restrictions which change the nature or normal understanding of availability of the asset is reported separately on the statement of net position. Restricted cash available for obligations classified as current liabilities are reported as current assets.

Current Cash and Cash Equivalents in External Investment Pool

Current cash and cash equivalents in external investment pool are funds without restrictions as to use.

Noncurrent Cash Equivalents in External Investment Pool

Noncurrent cash equivalents include expendable assets restricted by the United States Department of Agriculture (USDA) debt reserve fund, and internally designated assets set aside by the Board of Directors for future capital replacements and outreach programs. The USDA debt reserve fund, in accordance with the District's agreement with the USDA, is only to be used for emergency purposes with prior authorization from USDA – Rural Development, for the entire life of the loan. The Board of Directors retains control of the assets designated for future capital replacements and outreach programs, and may at its discretion subsequently use them for other purposes.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Property Tax Revenue and Receivable

Property taxes are levied by the District and collected by the Harney County Treasurer for operations. Taxes estimated to be collectible are recorded as receivables and revenue in the year of the levy. Property taxes are levied by Harney County, Oregon (the County) on the District's behalf on July 1 and are intended to finance the District's activities of the same fiscal year. Amounts levied are based on assessed property values as of October 1. Property tax balances due to the County after May 15 are considered delinquent. No allowance for uncollectible amounts has been recorded.

Supplies

Supplies are stated at the lower of cost (first-in, first-out) or market and are expensed when used.

Interest Income

Interest is included in nonoperating revenues when earned.

Capital Assets

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of capital assets are as follows:

Buildings	10-40 years
Equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position and are excluded from expenses in excess of revenues. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net position.

Right-to-Use Subscription IT Assets

Right-to-use subscription IT assets are recognized at the subscription commencement date and represent the District's right-to-use the underlying IT asset for the subscription term. Right-to-use subscription IT assets are measured at the initial value of the subscription liability plus any payments made to the vendor at the commencement of the subscription term, less any subscription incentives received from the vendor at or before the commencement of the subscription term, plus any capitalizable initial implementation costs necessary to place the subscription asset into service. Right-to-use subscription IT assets are amortized over the shorter of the subscription term or useful life of the underlying asset using the straight-line method.

Subscription IT Liabilities

Subscription IT liabilities represent the District's obligation to make subscription payments arising from the subscription contract. Subscription liabilities are recognized at the subscription commencement date based on the present value of future subscription payments expected to be made during the subscription term. The present value of subscription payments are discounted based on a borrowing rate determined by the District.

Notes Receivable

The District issues notes to physicians as part of its recruitment process. Notes are repayable over a minimum of a six month period to a maximum of a three-year period and do not bear interest. The notes are issued with forgiveness provisions over the life of the note to encourage retention. It is anticipated that the balance of the notes will be forgiven.

At June 30, 2025, notes receivable from physicians and employees totaled \$106,652.

Deferred Outflows of Resources

Deferred outflows of resources represent a consumption of net position that applies to future periods and so will not be recognized as an outflow of resources (expense) until then. The District has deferred amounts related to pensions. This amount is deferred and recognized as an outflow of resources in the period when the District recognizes pension expense. Deferred outflows are included in the statement of net position.

Compensated Absences

The District's employees earn paid time-off days at varying rates depending on years of service. Employees may accumulate paid time-off up to a specified maximum. Employees are paid for accumulated paid time-off upon termination.

Pension

For purposes of measuring the net pension liability, deferred outflows of resources, deferred inflows of resources related to pensions, and pension income, information about the fiduciary net position of the Oregon Public Employees Retirement System (OPERS) and additions to/deductions from OPERS's fiduciary net position have been determined on the same basis as they are reported by OPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms.

Deferred Inflows of Resources

The District reports a separate section for deferred inflows of resources. This separate financial statement element reflects an increase in net position that applies to future periods. The District will not recognize the related revenues until a future event occurs. The deferred inflows of resources reported in the financial statements are pension plan and deferred refunding costs. The pension plan results from the difference between the expected and actual experience of the pension plan. Deferred refunding costs are amortized over the shorter of the remaining life of the refunded bonds or the refunding bonds as a component of interest expense.

Operating Revenues and Expenses

The District's statement of revenues and expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the District's principal activity. Non-exchange revenues, including revenues from property tax assessments, interest income, rental income, trust income and grants and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating expenses consist primarily of interest expense.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The District provides care services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the District does not pursue collection of these amounts, they are not reported as patient service revenue. The estimated cost of providing these services was approximately \$28,000 for the year ended June 30, 2025, calculated by multiplying the ratio of cost to gross charges for the District by the gross uncompensated charges associated with providing charity care to its patients.

Grants and Contributions

The District may receive grants as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after expenses in excess of revenues.

Implementation of GASB Statement No. 101

As of July 1, 2024, the District adopted GASB No. 101, *Compensated Absences*. The provisions of this standard modernize the types of leave that are considered a compensated absence and provides guidance for a consistent recognition and measurement of the compensated absence liability. The effect of this standard is disclosed in Note 11.

Note 2 - Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: The District is licensed as a Critical Access Hospital (CAH). The District is reimbursed for most acute care services at cost plus one percent with final settlement determined after submission of annual cost reports by the District and are subject to audits thereof by the Medicare Administrative Contractor (MAC). The District's Medicare cost reports have been audited by the MAC through the year ended June 30, 2023. Clinical services are paid on a cost basis or fixed fee schedule.

Medicaid: Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services related to Medicaid beneficiaries are paid based on the lower of customary charges, allowable cost as determined through the District's Medicare cost report, or rates as established by the Medicaid program. The District is reimbursed at a tentative rate with final settlement determined by the program based on the District's final Medicaid cost report. The District's final Medicaid settlements have been processed through the year ended June 30, 2019.

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

Concentration of gross revenues by major payor accounted for the following percentages of the District's patient service revenues for the year ended June 30, 2025:

Medicare	49%
Medicaid	20%
Commercial insurance and other third party payors	30%
Patients	1%
	100%

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient service revenue for the year ended June 30, 2025 increased approximately \$12,000 due to removal of allowances previously estimated that are no longer necessary as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations.

The District participates in the Eastern Oregon Coordinated Care Organization (EOCCO), which is a Coordinated Care Organization serving Oregon Health Plan members. The District receives amounts related to the EOCCO alternative payment model/shared savings risk contract. As of June 30, 2025, there was a receivable amount of \$322,072. These amounts are included in other receivables in the statements of net position. Additional EOCCO funds will be recorded as received.

Note 3 - Deposits, Investments, and Investment Income

Summary of Carrying Amounts

The carrying amounts of deposits and the Local Government Investment Pool as of June 30, 2025, is as follows:

Carrying Amount	
Cash and cash equivalents	\$ 707,431
Local Government External Investment Pool	12,349,540
	\$ 13,056,971

The carrying amounts of the District's deposits and investments shown above are included in the statement of net position at June 30, 2025, as follows:

Included in the following statement of net position captions	
Cash and cash equivalents	\$ 707,431
Cash equivalents in external investment pool	6,495,677
Noncurrent board designated for capital improvement	5,378,479
Restricted for outreach programs	9,274
USDA debt reserve fund	<u>466,110</u>
Total	<u><u>\$ 13,056,971</u></u>

Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the District's deposits may not be returned to it. The District does not have a policy for custodial credit risk. State statute requires that any deposits in excess of federal depository insurance coverage limits, currently set at \$250,000, may only be held in a depository qualified by the Oregon Public Funds Collateralization Program.

The District's deposits in banks at June 30, 2025, was entirely covered by federal depository insurance or by collateral as part of the Oregon Public Funds Collateralization Program.

External Investment Pool

The District is invested in the Local Government Investment Pool (LGIP), which is included in the Oregon Short-Term Fund (OSTF). The OSTF is an external investment pool, as defined in GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*. The OSTF is not registered with the U.S. Securities and Exchange Commission as an investment company. Fair value of the LGIP is calculated at the same value as the number of pool shares owned. Investments in the Short-Term Fund are governed by ORS 294.135, Oregon Investment Council, and portfolio guidelines issued by the Oregon Short-Term Fund Board. The LGIP exchanges shares at \$1.00 per share; an investment in the LGIP is neither insured nor guaranteed by the FDIC or any other government agency. Although the LGIP seeks to maintain the net asset value of share investments at \$1.00 per share, it is possible to lose money by investing in the pool.

Noncurrent investments in external investment pool consist of funds restricted in accordance with bond indenture agreements and funds internally designated by the Board for future capital asset acquisitions and outreach programs. Investments that are available for obligations classified as current liabilities are reported in current assets.

Chapter 294 of the Oregon Revised Statutes authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government debt obligations; time deposit accounts, certificates of deposit, and savings accounts in qualified public depositories; the State of Oregon local government investment pool; and certain other investments.

The District's investment policy specifies that investments will be limited to demand deposits with approved institutions, the Oregon Local Government Investment Pool, direct obligations of the United States and obligations guaranteed by the United States, and certificates of deposit with Oregon banks.

The District's investment in the LGIP are reported at fair value, as discussed in Note 1. At June 30, 2025, the LGIP was not rated by an independent rating agency. The District's investments in LGIP at June 30, 2025, and related maturities was as follows:

Oregon State Local Government Investment Pool	Daily	\$ 12,349,540
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Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. State Statutes generally limit investment maturities to 18 months, or the date of anticipated use of the funds. The District does not have a formal policy in place that further limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. The District matches investment maturities with anticipated cash flow requirements.

Credit Risk

State Statutes limit the investment in bonds issued by the State of Oregon and its political subdivisions to bonds with one of the three highest credit ratings of a nationally recognized rating. State Statutes limit the investment in bonds issued by the States of California, Idaho, and Washington and political subdivisions of those states to bonds with one of the two highest credit ratings of a nationally recognized rating. The District does not have a formal policy in place that further limits credit risk. The Oregon Local Government Investment Pool does not have a rating. The Investment Pool invests as defined by State Statute.

Concentration of Credit Risk

The District does not have a formal policy in place limiting the amount that may be invested with any one bank or in any specific investment.

Note 4 - Capital Assets

Capital asset additions, transfers, retirements and balances for year ended June 30, 2025, are as follows:

	Balance June 30, 2024	Additions	Transfer and Retirements	Balance June 30, 2025
Capital assets not being depreciated				
Land	\$ 230,072	\$ -	\$ -	\$ 230,072
Construction in process	238,911	-	(238,911)	-
	<u>468,983</u>	<u>-</u>	<u>(238,911)</u>	<u>230,072</u>
Capital assets being depreciated				
Buildings	23,539,437	38,085	(17,003)	23,560,519
Equipment	9,622,337	630,785	32,983	10,286,105
	<u>33,161,774</u>	<u>668,870</u>	<u>15,980</u>	<u>33,846,624</u>
Less Accumulated Depreciation	<u>24,406,847</u>	<u>1,330,017</u>	<u>(197,857)</u>	<u>25,539,007</u>
Capital assets being depreciated, net	<u>8,754,927</u>	<u>(661,147)</u>	<u>213,837</u>	<u>8,307,617</u>
Right-to-use subscription IT assets being amortized	155,770	191,127	-	346,897
Less accumulated amortization	<u>96,108</u>	<u>82,676</u>	<u>-</u>	<u>178,784</u>
Right-to-use subscription IT assets, net	<u>59,662</u>	<u>108,451</u>	<u>-</u>	<u>168,113</u>
Capital Assets, Net	<u>\$ 9,283,572</u>	<u>\$ (552,696)</u>	<u>\$ (25,074)</u>	<u>\$ 8,705,802</u>

Note 5 - Subscription-Based Information Technology Arrangements (SBITAs)

During the current year, the District recognized SBITA contracts for the use of various software. As of June 30, 2025, the value of the subscription liability was \$176,181 and the subscription asset was \$168,113. The District is required to make annual principal and interest payments ranging from approximately \$8,150 to \$22,700 through July 2026. The subscription has an interest rate of approximately 9.14%.

Harney County Health District

Notes to Financial Statements

June 30, 2025

A summary of the changes in subscription IT liabilities during the year ended June 30, 2025 is as follows:

	Balance July 1, 2024	Additions	Deletions	Balance June 30, 2025	Due Within One Year
Subscription IT Liabilities	\$ 64,803	\$ 194,466	\$ (83,088)	\$ 176,181	\$ 75,363

Remaining principal and interest payments on subscriptions are as follows:

Years Ending June 30,	Principal	Interest
2026	\$ 75,363	\$ 13,831
2027	65,075	7,667
2028	32,073	1,698
2029	2,854	171
2030	816	22
	<u>\$ 176,181</u>	<u>\$ 23,389</u>

Note 6 - Long-Term Debt

A schedule of changes in the District's long-term debt for the year ended June 30, 2025 is as follows:

	Balance June 30, 2024	Additions	Reductions	Balance June 30, 2025	Due Within One Year
Bank of Eastern Oregon	\$ 1,662,697	\$ -	\$ (232,612)	\$ 1,430,085	\$ 242,784
2018 Refunded State of Oregon Economic and Community Development #2	1,597,041	-	(164,667)	1,432,374	175,965
US Department of Agriculture	7,153,232	-	(168,019)	6,985,213	175,017
2018 Refunded US Bank	514,000	-	(165,000)	349,000	170,000
Equipment Note Payable	-	122,847	-	122,847	80,759
Total bonds and notes	<u>\$10,926,970</u>	<u>\$ 122,847</u>	<u>\$ (730,298)</u>	<u>\$ 10,319,519</u>	<u>\$ 844,525</u>

The terms and due dates of the District's long-term debt at June 30, 2025 are as follows:

Note payable to Bank of Eastern Oregon, due in monthly installments of \$25,210, including interest at 4.5%, through October 2030. The note is collateralized by the hospital building. Outstanding balance of the note payable at June 30, 2025 was \$1,430,085.

During 2018, the Hospital refunded debt in the amount of \$2,476,377, due in annual principal installments of amounts ranging from \$146,000 to \$235,000, and semi-annual variable rate interest payments of 5.0% through December 2031. The note is collateralized by the hospital building. Outstanding balance of the note payable at June 30, 2025 was \$1,432,374. The advance refunding resulting in a difference between the reacquisition price and net carrying amount of the old debt of \$259,198. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, is being charged to operations through the term of the note payable using the straight-line method. The Hospital completed its advance refunding to reduce its total debt service payments by approximately \$273,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$298,000.

Revenue bond payable to the United States Department of Agriculture, due in annual installments of \$411,760, including interest at 4.125%, through June 2049. The District has pledged tax revenue for satisfaction of the annual debt service requirement. Outstanding balance of the revenue bond payable at June 30, 2025 was \$6,985,213.

During 2018, the Hospital refunded debt in the amount of \$1,280,000, due in annual principal installments of amounts ranging from \$145,000 to \$179,000 and semi-annual variable interest rate payments of 3.710%, through December 2026. The note is collateralized by buildings and land. Outstanding balance on the note payable at June 30, 2025 was \$349,000. The advance refunding resulted in a difference between the reacquisition price and net carrying amount of the old debt of \$85,000. This difference, recorded as deferred refunding costs and reported in the accompanying financial statements as a deferred inflow of resources, is being charged to operations through the term of the note payable using the straight-line method. The Hospital completed its advance refunding to reduce its total debt service payments over the next 8 years by approximately \$176,000 and to obtain an economic gain (difference between the present values of the old and new debt service payments) of approximately \$106,000.

Equipment note payable to De Lage Landen Public Finance, LLC, due in monthly installments of \$7,129, including interest of 5.55%, through December 2026. The note is unsecured. Outstanding balance of the note payable at June 30, 2025 was \$122,847.

Pledged Revenues

The District has pledged future general revenues for satisfaction of the \$9,000,000 United States Department of Agriculture revenue bonds issued in June 2009. Proceeds from the bonds were used for construction of the hospital building. Principal and interest on the bonds are payable through June 2049. Annual principal and interest on the bonds are expected to require 2 percent of revenues. Principal and interest paid for the current year was \$466,110. Revenues totaled \$61,792,388 for the year. At June 30, 2025, pledged future revenues totaled \$11,183,593, which was the amount of the remaining principal and interest on the bonds.

Future anticipated schedule of long-term debt payments for all long-term debt, at anticipated amounts, are as follows:

<u>Years Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>
2026	\$ 844,525	\$ 434,233
2027	840,958	396,556
2028	650,588	364,333
2029	682,274	334,647
2030	714,768	303,654
2031-2035	1,717,453	1,198,609
2036-2040	1,430,539	900,016
2041-2045	1,754,521	576,034
2046-2050	1,683,893	178,737
Total	<u>\$ 10,319,519</u>	<u>\$ 4,686,819</u>

Note 7 - Pension Plans

The District contributes to two pension plans administered by the Oregon Public Employees Retirement System (PERS). The Oregon Public Employees Retirement Fund (OPERF) applies to the District's contribution for qualifying employees who were hired before August 29, 2003, and is a cost-sharing multiple-employer defined benefit pension plan. The Oregon Public Service Retirement Plan (OPSRP) is hybrid successor plan to the OPERF and consists of two programs: The Pension Program, the defined benefit portion of the plan, applies to qualifying district employees hired after August 29, 2003. Benefits are calculated by a formula for members who attain normal retirement age. The formula takes into account final average salary and years of service. Beginning January 1, 2004, all PERS member contributions go into the Individual Account Program (IAP), the defined contribution portion of the plan. PERS members retain their existing PERS account, but any future member contributions are deposited into the member's IAP, not the member's PERS account.

Both PERS plans provide retirement and disability benefits, post-employment healthcare benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. PERS is administered under Oregon Revised Statute Chapter 238, which establishes the Public Employees Retirement Board as the governing body of PERS. PERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to PERS, P.O. Box 23700, Tigard, OR, 97281-3700 or by calling 503-598-7377.

Benefits Provided

1. OPSRP Pension Program (OPSRP DB)

Pension Benefits

The Pension Program (ORS Chapter 238A) provides benefits to members hired on or after August 29, 2003. This portion of OPSRP provides a life pension funded by employer contributions. Benefits are calculated with the following formula for members who attain normal retirement age:

General Service: 1.5 percent is multiplied by the number of years of service and the final average salary. Normal retirement age for general service members is age 65, or age 58 with 30 years of retirement credit.

A member of the OPSRP Pension Program becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, and, if the pension program is terminated, the date on which termination becomes effective.

Death Benefits

Upon the death of a non-retired member, the spouse or other person who is constitutionally required to be treated in the same manner as the spouse, receives for life 50 percent of the pension that would otherwise have been paid to the deceased member.

Disability Benefits

A member who has accrued 10 or more years of retirement credits before the member becomes disabled or a member who becomes disabled due to job-related injury shall receive a disability benefit of 45 percent of the member's salary determined as of the last full month of employment before the disability occurred.

2. OPSRP Individual Account Program (OPSRP IAP)

Pension Benefits

An IAP member becomes vested on the date the employee account is established or on the date the rollover account was established. If the employer makes optional employer contributions for a member, the member becomes vested on the earliest of the following dates: the date the member completes 600 hours of service in each of five calendar years, the date the member reaches normal retirement age, the date the IAP is terminated, the date the active member becomes disabled, or the date the active member dies.

Upon retirement, a member of the OPSRP Individual Account Program (IAP) may receive the amounts in his or her employee account, rollover account, and vested employer account as a lump-sum payment or in equal installments over a 5-, 10-, 15-, 20-year period or an anticipated life span option. Each distribution option has a \$200 minimum distribution limit.

Death Benefits

Upon the death of a non-retired member, the beneficiary receives in a lump sum the member's account balance, rollover account balance, and vested employer optional contribution account balance. If a retired member dies before the installment payments are completed, the beneficiary may receive the remaining installment payments or choose a lump-sum payment.

Recordkeeping

OPERS contracts with VOYA Financial to maintain IAP participant records.

Contributions

PERS funding policy provides for monthly employer contributions at actuarially determined rates. These contributions, expressed as a percentage of covered payroll, are intended to accumulate sufficient assets to pay benefits when due. This funding policy applies to the PERS Defined Benefit Plan and the Other Postemployment Benefit Plans. Employer contribution rates during the period were based on the December 31, 2021 actuarial valuation, which became effective July 1, 2023. Employer contributions for the year ended June 30, 2025 was \$2,369,334, excluding amounts to fund employer specific liabilities. The rates in effect for the fiscal year ended June 30, 2025 were 11.58 percent for OPSRP Pension Program General Service Members, and 6 percent for OPSRP Individual Account Program.

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

At June 30, 2025, the District reported a liability of \$21,592,266 for its proportionate share of the net pension liability. The net pension liability as of June 30, 2025 was measured as of June 30, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of December 31, 2022 and rolled forward to June 30, 2024. The District's proportion of the net pension liability was based on a projection of the District's long-term share of contributions to the pension plan relative to the projected contributions of all participating entities, actuarially determined. At June 30, 2024, the District's proportion was 0.09714325 percent, which changed from the 0.10107214 percent measured as of June 30, 2023.

For the year ended June 30, 2025, the District recognized pension expense of \$748,639. At June 30, 2025, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflow of Resources	Deferred Inflow of Resources
Difference between expected and actual experience	\$ 1,279,142	\$ 51,534
Changes of assumptions	2,170,893	2,781
Net difference between projected and actual earnings on investments	1,371,713	-
Changes in proportionate share	179,562	760,272
Differences between employer contributions and employer's proportionate share of system contributions	10,768	1,151,984
Contributions subsequent to the measurement date	2,369,334	-
Total	<u>\$ 7,381,412</u>	<u>\$ 1,966,571</u>

The District's contributions made subsequent to the measurement date will be recognized in the District's pension expense in the following year. The net amount of the District's remaining deferred outflows of resources and deferred inflows of resources that will be recognized in the District's pension expense in the subsequent five years in the aggregate are shown in the table below.

<u>Years Ending June 30,</u>	<u>Amount</u>
2026	\$ (489,626)
2027	1,948,670
2028	956,724
2029	531,463
2030	98,276
	<u>\$ 3,045,507</u>

Actuarial Assumptions

The employer contribution rates effective July 1, 2023 through June 30, 2025 are set using the entry age normal actuarial cost method. For the OPSRP Pension Program component of the PERS Defined Benefit Plan, this method produced an employer contribution rate consistent of an amount for the normal cost (the estimated amount necessary to finance benefits earned by the employees during the current service year), (b) an actuarially determined amount for funding a disability benefit component, and (c) an amount for the amortization of unfunded actuarially accrued liabilities, which are being amortized over a fixed period with new unfunded actuarially accrued liabilities being amortized over 16 years.

The total pension liability in the December 31, 2022, actuarial valuation was determined using the following actuarial assumptions:

Valuation Date	December 31, 2022
Measurement Date	June 30, 2024
Experience Study	2022, published July 24, 2023
Actuarial assumptions:	
Actuarial cost method	Entry Age Normal
Inflation rate:	2.40 percent
Long term expected rate of return	6.90 percent
Discount rate	6.90 percent
Projected of salary increase	3.40 percent
Cost of living adjustments (COLA)	Blend of 2.00% COLA and graded COLA (1.25%/0.15%) in accordance with <i>Moro</i> decision; blend based on service
Mortality	Healthy retirees and beneficiaries: Pub-2010 Healthy Retiree, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Active members: Pub-2010 Employee, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation. Disabled retirees: Pub-2010 Disabled retiree, sex-distinct, generational with Unisex, Social Security Data Scale, with job category adjustments and set-backs as described in the valuation.

Actuarial valuations of an ongoing plan involve estimates of the value of projected benefits and assumptions about the probability of events far into the future. Actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.

Experience studies are performed as of December 31 of even numbered years. The methods and assumptions shown above are based on the 2022 Experience Study which reviewed experience for the four-year period ending on December 31, 2022.

Long-Term Expected Rate of Return

To develop an analytical basis for the selection of the long-term expected rate of return assumption, in January 2023, the PERS Board reviewed long-term assumptions developed by both Milliman's capital market assumptions team and the Oregon Investment Council's (OIC) investment advisors. The table below shows Milliman's assumptions for each of the asset classes in which the plan was invested at that time based on the OIC long-term target asset allocation. The OIC's description of each asset class was used to map the target allocation to the asset classes shown below. Each asset class assumption is based on a consistent set of underlying assumptions, and includes adjustment for the inflation assumption. These assumptions are not based on historical returns, but instead are based on a forward-looking capital market economic model.

<u>Asset Class</u>	<u>Target Allocation</u>	<u>20-year Annualized Geometric Mean</u>
Global Equity	27.50%	7.07%
Private Equity	25.50%	8.83%
Core Fixed Income	25.00%	4.50%
Real Estate	12.25%	5.83%
Master Limited	0.75%	6.02%
Infrastructure	1.50%	6.51%
Hedge Fund - Macro	5.62%	4.83%
Hedge Fund Equity - Hedge	0.63%	6.48%
Hedge Fund of Funds - Multistrategy	1.25%	6.27%
Total	100.00%	
Assumed Inflation - Mean		2.35%

Discount Rate

The discount rate used to measure the total pension liability was 6.9 percent for the Defined Benefit Pension Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the contractually required rates, as actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments for the Defined Benefit Pension Plan was applied to all periods of projected benefit payments to determine the total pension liability.

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

The following presents the District's proportionate share of the net pension liability calculated using the discount rate of 6.9 percent, as well as what the District's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.9 percent) or 1-percentage-point higher (7.9 percent) than the current rate:

	<u>1% Decrease (5.90%)</u>	<u>Current Discount Rate (6.90%)</u>	<u>1% Increase (7.90%)</u>
Proportionate share	\$ 34,060,923	\$ 21,592,266	\$ 11,149,157

Note 8 - Concentrations of Credit Risk

The District grants credit without collateral to its patient, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2025 was as follows:

Medicare	48%
Medicaid	15%
Commercial insurance and other third party payors	34%
Patients	3%
	<u>100%</u>

Note 9 - Contingencies

Risk Management Insurance

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

Malpractice Insurance

The District has professional liability insurance coverage to provide protection on a "claims-made" basis whereby only malpractice claims reported to the insurance carrier in the current year are covered by the current policy. If there are unreported incidents which result in a malpractice claim in the current year, such claims will be covered in the year the claim is reported to the insurance carrier only if the District purchases claims-made insurance in that year or the District purchases "tail" insurance to cover the claims incurred before, but reported to the insurance carrier after, cancellation or expiration of the claims-made policy.

The current malpractice insurance provides \$2,000,000 per claim of primary coverage with \$5,000,000 aggregate limit. There are no significant deductibles or coinsurance clauses.

No liability has been accrued for future coverage for acts, if any, occurring in this or prior years. Also, it is possible that claims may exceed coverage available in any given year.

Litigation, Claims, and Disputes

The District is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the District.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

Paycheck Protection Program (PPP)

Loans issued under the Paycheck Protection Program (PPP) were subject to good-faith certifications of the necessity of the loan request. Borrowers with loans issued under the program in excess of \$2 million are subject to review by the Small Business Administration (SBA) for compliance with the program requirements. If the SBA determines that a borrower lacked an adequate basis for the loan or did not meet the program requirements, the loan will not be eligible for loan forgiveness and the SBA will seek repayment of the outstanding loan balance. As such, the potential exists that the District may be deemed ineligible for loan forgiveness and be required to repay the loans.

The District applied for and received loan forgiveness from the SBA on its PPP loan of \$2,999,350 in 2021. In accordance with PPP loan requirements, the District is required to maintain PPP loan files and certain underlying supporting documents for periods ranging from three to six years. The District is also required to permit access to such files upon request by the SBA. Accordingly, there is potential the PPP loan could be subject to further review by the SBA and that previously recognized forgiveness could be reversed based on the outcome of this review.

Collective Bargaining Agreements

As of June 30, 2025, approximately 23% of the District's employees were represented by two separate collective bargaining units. The nursing union agreement extends through June 30, 2026. The EMS union contract expires June 30, 2027.

Note 10 - Transfers

<u>Fund</u>	<u>Transfers In</u>	<u>Transfers Out</u>
Medical Office Building Sub-Fund	\$ 40,577	\$ -
Capital Trust Sub-Fund	<u>-</u>	<u>(40,577)</u>
	<u>\$ 40,577</u>	<u>\$ (40,577)</u>

The earnings in the capital trust fund are restricted by the trust for District capital purchases. After the construction of the medical office building, trust income has been used to pay the debt for this construction. The transfer from the operating fund was made to meet the debt payment requirements.

Note 11 - Restatement Due to Adoption of New Accounting Standard

Adoption of New Accounting Standard

As of July 1, 2024, the District adopted GASB Statement No. 101, *Compensated Absences*. This standard modernizes the types of leave classified as compensated absences and provides guidance for consistent recognition and measurement of the related liability. The District retroactively applied the guidance to the beginning balance of net position as of July 1, 2024. The effect of this change in accounting principle is presented in the table below.

	Originally presented June 30, 2024	Restatement	As restated June 30, 2024
Statement of Net Position			
Accrued Expenses			
Current portion of compensated absences	\$ 633,006	\$ 130,636	\$ 763,642
Total current liabilities	4,676,011	130,636	4,806,647
Total liabilities	33,824,491	130,636	33,955,127
Net Position			
Unrestricted	(4,587,527)	(130,636)	(4,718,163)
Total net position	<u>\$ (755,339)</u>	<u>\$ (130,636)</u>	<u>\$ (885,975)</u>
Revenues, Expenses, and Changes in Net Position			
Operating Expenses			
Salaries and Wages	\$ 16,586,715	\$ 130,636	\$ 16,717,351
Total Operating Expenses	37,489,427	130,636	37,620,063
Operating loss	(2,365,191)	(130,636)	(2,495,827)
Net Position, Beginning of Year	293,756	-	293,756
Net Position, End of Year	<u>\$ (755,339)</u>	<u>\$ (130,636)</u>	<u>\$ (885,975)</u>
Cash Flows			
Reconciliation of Operating Loss to Net Cash from Operating Activities			
Operating Loss	\$ (2,365,191)	\$ (130,636)	\$ (2,495,827)
Compensated absences	31,428	130,636	162,064

Required Supplementary Information
June 30, 2025

Harney County Health District

Harney County Health District
Schedule of the Proportionate Share of Net Pension Liability (Asset)
Last Ten Years*

Year Ended June 30,	District's proportion of the net pension liability (asset)	District's proportionate share of the net liability (asset)	District's covered payroll	District's proportionate share of the net pension liability (asset) as a percentage of covered payroll	Plan fiduciary net position as a percentage of the total liability
2025	0.09714325%	\$ 21,592,266	\$ 13,753,596	156.99%	79.3%
2024	0.10107214%	18,931,505	13,452,526	140.73%	81.7%
2023	0.09917358%	15,185,465	12,884,700	117.86%	84.5%
2022	0.10117406%	12,106,974	10,421,123	116.18%	87.6%
2021	0.10326534%	22,536,049	11,992,370	187.92%	75.8%
2020	0.10425561%	18,033,724	12,581,795	143.33%	80.2%
2019	0.09605782%	14,551,495	12,516,523	116.26%	82.1%
2018	0.09562587%	12,890,403	10,757,913	119.82%	83.1%
2017	0.09187897%	13,793,167	10,350,050	133.27%	80.5%
2016	0.08710214%	5,000,936	10,317,663	48.47%	91.9%

The amounts presented for each fiscal year were actuarially determined at December 31 and rolled forward to the measurement date.

*GASB Statement No. 68 requires ten years of information to be presented in this table.

Harney County Health District
Schedule of Employer Contributions
Last Ten Years*

Year Ended June 30,	(a) Statutorily required contribution	(b) Contributions in relation to the statutorily contribution	(a-b) Contribution deficiency (excess)	(c) District's covered payroll	(b/c) Contributions as a percent of covered payroll
2025	\$ 2,369,334	\$ 2,369,334	\$ -	\$ 13,753,596	17.23%
2024	2,510,581	2,510,581	-	13,452,526	18.66%
2023	2,294,160	2,294,160	-	12,884,700	17.81%
2022	1,761,602	1,761,602	-	10,421,123	16.90%
2021	2,006,776	2,006,776	-	11,992,370	16.73%
2020	1,861,999	1,861,999	-	12,581,795	14.80%
2019	1,275,028	1,275,028	-	12,516,523	10.19%
2018	1,204,924	1,204,924	-	10,757,913	11.20%
2017	818,221	818,221	-	10,350,050	7.91%
2016	800,504	800,504	-	10,317,663	7.76%

The amounts presented for each fiscal year were actuarially determined at December 31 and rolled forward to the measurement date.

*GASB Statement No. 68 requires ten years of information to be presented in this table.

Changes in Plan Provisions

A summary of key changes in plan provisions are described in the Oregon Public Employees Retirement System's GASB 68 Disclosure Information which can be found at:

<https://www.oregon.gov/pers/EMP/Documents/GASB/2014/GASB-Disclosure-Information.pdf>

Changes of Assumptions

Additional details and a comprehensive list of changes in methods and assumptions can be found in the 2022 Experience Study for the System, which was published on July 24, 2023, and can be found at:

https://www.oregon.gov/pers/Documents/Financials/Actuarial/2023/2022_Exp_Study.pdf

Supplementary Information
June 30, 2025

Harney County Health District

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – District Operating Fund

Year Ended June 30, 2025

	<u>Budget</u>	<u>Actual</u>	Variance Favorable (Unfavorable)
Resources			
Net working capital, beginning of year	\$ 12,858,642	\$ (482,548)	\$ (13,341,190)
Net operating revenue	36,424,098	39,716,555	3,292,457
Property taxes	1,456,464	1,450,301	(6,163)
Grants/contributions/other nonoperating	342,040	261,984	(80,056)
Interest	<u>570,000</u>	<u>695,720</u>	<u>125,720</u>
Total resources	<u>\$ 51,651,244</u>	<u>41,642,012</u>	<u>\$ (10,009,232)</u>
Expenditures			
Personnel services	\$ 24,596,880	20,847,448	\$ 3,749,432
Materials and services	11,921,952	16,702,068	(4,780,116)
Capital outlay	3,530,765	668,870	2,861,895
Debt service	1,237,428	1,021,435	215,993
Contingencies	100,000	-	100,000
Special payments	-	-	-
Net working capital, end of year	<u>10,953,221</u>	<u>(4,668,343)</u>	<u>15,621,564</u>
Total expenditures	<u>\$ 52,340,246</u>	<u>34,571,478</u>	<u>\$ 17,768,768</u>
Resources in Excess of Expenditures		<u>7,070,534</u>	
Reconciliation of Statutory Operating Expenditures to GAAP Basis Operating Expenses			
Add net working capital, end of year		(4,668,343)	
Add capital asset additions		668,870	
Add long-term debt principal reductions		565,298	
Less net working capital, beginning of year		482,548	
Less pension expense		(3,000,221)	
Less depreciation and amortization		<u>(1,313,526)</u>	
Total effects of reconciliation		<u>(7,265,374)</u>	
Change in Net Position		(194,840)	
Net Position, Beginning of Year as restated		<u>(613,184)</u>	
Net Position, End of Year		<u>\$ (808,024)</u>	

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – Medical Office Building (Sub-Fund of the Operating Fund) Year Ended June 30, 2025

	Budget	Actual	Variance Favorable (Unfavorable)
Resources			
Net working capital, beginning of year	\$ -	\$ (312,359)	\$ (312,359)
Transfers from other funds	40,000	40,577	577
Total resources	<u>\$ 40,000</u>	<u>(271,782)</u>	<u>\$ (311,782)</u>
Expenditures			
Debt service	\$ 610,409	190,723	\$ 419,686
Net working capital, end of year	-	(452,793)	452,793
Total expenditures	<u>\$ 610,409</u>	<u>(262,070)</u>	<u>\$ 872,479</u>
Expenditures in Excess of Resources		<u>(9,712)</u>	
Reconciliation of Statutory Operating Expenditures to GAAP Basis Operating Expenses			
Add net working capital, end of year		(452,793)	
Add long-term debt principal reductions		165,000	
Less net working capital, beginning of year		312,359	
Less depreciation and amortization		<u>(99,167)</u>	
Total effects of reconciliation		<u>(74,601)</u>	
Change in Net Position		(84,313)	
Net Position, Beginning of Year		<u>(272,791)</u>	
Net Position, End of Year		<u>\$ (357,104)</u>	

Harney County Health District

Schedule of Resources and Expenditures – Budget vs. Actual – Capital Trust Fund (Sub-Fund of the Operating Fund)

Year Ended June 30, 2025

	<u>Budget</u>	<u>Actual</u>	<u>Variance Favorable (Unfavorable)</u>
Resources			
Trust income	<u>\$ 40,000</u>	<u>\$ 40,577</u>	<u>\$ 577</u>
Expenditures			
Transfers to other funds	<u>\$ 40,000</u>	<u>40,577</u>	<u>\$ (577)</u>
Resources In Excess of Expenditures		<u>-</u>	
Change in Net Position		-	
Net Position, Beginning of Year		<u>-</u>	
Net Position, End of Year		<u>\$ -</u>	

Harney County Health District
Schedule of Property Tax Transactions and Outstanding Balances
Year Ended June 30, 2025

Fiscal Year	Uncollected Taxes June 30, 2024	2023-2024 Assessment	(Abatelements) and Adjustments	Interest Collected	Discounts	Total Amount Collected	Uncollected Taxes June 30, 2025
2024-2025	\$ -	\$ 1,450,301	\$ (39,004)	\$ 412	\$ (32,312)	\$ (1,226,825)	\$ 152,572
2023-2024	142,697	-	(58)	1,951	-	(38,201)	106,389
2022-2023	90,396	-	71	1,495	(2)	(14,001)	77,959
2021-2022	13,938	-	35	1,486	(1)	(8,713)	6,745
2020-2021	6,663	-	22	1,280	(1)	(6,598)	1,366
2019-2020	702	-	(80)	31	-	(32)	621
2018-2019	2,404	-	-	-	-	-	2,404
2017 and prior	13,186	-	-	-	-	-	13,186
Total	<u>\$ 269,986</u>	<u>\$ 1,450,301</u>	<u>\$ (39,014)</u>	<u>\$ 6,655</u>	<u>\$ (32,316)</u>	<u>\$ (1,294,370)</u>	<u>\$ 361,242</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2025

	Operating	Capital Trust	Medical Office Building	Total
Assets and Deferred Outflows of Resources				
Current Assets				
Cash and cash equivalents	\$ 707,431	\$ -	\$ -	\$ 707,431
Cash equivalents in external investment pool	6,495,677	-	-	6,495,677
Receivables				
Patient, net of estimated uncollectibles of \$3,591,000	6,614,107	-	-	6,614,107
Estimated third-party payor settlements	198,648	-	-	198,648
Property tax	361,242	-	-	361,242
Other	387,207	-	-	387,207
Supplies	253,269	-	-	253,269
Prepaid expenses	471,031	-	-	471,031
Total current assets	<u>15,488,612</u>	<u>-</u>	<u>-</u>	<u>15,488,612</u>
Noncurrent Cash Equivalents in External Investment Pool				
Internally designated for specific operating purposes and capital improvements	5,378,479	-	-	5,378,479
Restricted for outreach programs	9,274	-	-	9,274
USDA debt reserve fund	466,110	-	-	466,110
Total noncurrent cash equivalents in external investment pool	<u>5,853,863</u>	<u>-</u>	<u>-</u>	<u>5,853,863</u>
Capital Assets				
Capital assets not being depreciated	230,072	-	-	230,072
Capital assets being depreciated, net	7,877,500	-	430,117	8,307,617
Right-to-use subscription IT assets, net	168,113	-	-	168,113
Total capital assets	<u>8,275,685</u>	<u>-</u>	<u>430,117</u>	<u>8,705,802</u>
Other Assets				
Notes receivable	106,652	-	-	106,652
Total assets	<u>29,724,812</u>	<u>-</u>	<u>430,117</u>	<u>30,154,929</u>
Deferred Outflows of Resources				
Pension	7,381,412	-	-	7,381,412
Total assets and deferred outflows of resources	<u>\$ 37,106,224</u>	<u>\$ -</u>	<u>\$ 430,117</u>	<u>\$ 37,536,341</u>

Harney County Health District
Statement of Net Position – Combining
June 30, 2025

	Operating	Capital Trust	Medical Office Building	Total
Liabilities, Deferred Inflows of Resources, and Net Position				
Current Liabilities				
Checks issued in excess of bank balance	\$ -	\$ -	\$ 452,793	\$ 452,793
Current maturities of subscription IT liabilities	75,363	-	-	75,363
Current maturities of long-term debt	674,525	-	170,000	844,525
Accounts payable				
Trade	862,082	-	-	862,082
Estimated third-party payor settlements	925,249	-	-	925,249
Accrued expenses				
Salaries and wages	513,877	-	-	513,877
Compensated absences	757,211	-	-	757,211
Interest	35,036	-	-	35,036
Employee benefit plans	649,774	-	-	649,774
Payroll taxes	342,953	-	-	342,953
Total current liabilities	4,836,070	-	622,793	5,458,863
Long-Term Liabilities				
Long-term subscription IT liabilities, less current maturities	100,818	-	-	100,818
Long-term debt, net of current maturities	9,295,994	-	179,000	9,474,994
Net pension liability	21,592,266	-	-	21,592,266
Total long-term liabilities	30,989,078	-	179,000	31,168,078
Total liabilities	35,825,148	-	801,793	36,626,941
Deferred Inflow of Resources				
Refunding costs	122,529	-	(14,572)	107,957
Pension plan	1,966,571	-	-	1,966,571
Total deferred inflow of resources	2,089,100	-	(14,572)	2,074,528
Net Position				
Net investment in capital assets	(1,993,544)	-	95,689	(1,897,855)
Restricted				
Expendable for programs	9,274	-	-	9,274
Expendable for debt service	466,110	-	-	466,110
Unrestricted				
Board designated for capital improvement	5,378,479	-	-	5,378,479
Unrestricted	(4,668,343)	-	(452,793)	(5,121,136)
Total net position	(808,024)	-	(357,104)	(1,165,128)
Total liabilities, deferred inflows of resources, and net position	\$ 37,106,224	\$ -	\$ 430,117	\$ 37,536,341

Harney County Health District
Harney County Health District
Statement of Revenues, Expenses, and Changes in Net Position – Combining
Year Ended June 30, 2025

	Operating	Capital Trust	Medical Office Building	Total
Operating Revenues				
Net patient service revenue	\$39,104,901	\$ -	\$ -	\$39,104,901
Other revenues	611,654	-	-	611,654
Total operating revenues	<u>39,716,555</u>	<u>-</u>	<u>-</u>	<u>39,716,555</u>
Operating Expenses				
Salaries and wages	17,552,998	-	-	17,552,998
Employee benefits	6,294,671	-	-	6,294,671
Purchased services, professional fees, and supplies	16,702,068	-	-	16,702,068
Depreciation and amortization	1,313,526	-	99,167	1,412,693
Total operating expenses	<u>41,863,263</u>	<u>-</u>	<u>99,167</u>	<u>41,962,430</u>
Operating Loss	<u>(2,146,708)</u>	<u>-</u>	<u>(99,167)</u>	<u>(2,245,875)</u>
Nonoperating Revenues (Expenses)				
Property taxes	1,450,301	-	-	1,450,301
Interest income	695,720	-	-	695,720
Gain on sale of capital assets	32,510	-	-	32,510
Rental income	10,395	-	-	10,395
Trust income	-	40,577	-	40,577
Transfers from other funds	-	-	40,577	40,577
Transfers to other funds	-	(40,577)	-	(40,577)
Grant revenue	28,168	-	-	28,168
Interest expense	(456,137)	-	(25,723)	(481,860)
Net nonoperating revenues	<u>1,760,957</u>	<u>-</u>	<u>14,854</u>	<u>1,775,811</u>
Expenses in Excess of Revenues Before Capital Grants and Contributions	(385,751)	-	(84,313)	(470,064)
Capital Grants and Contributions	<u>190,911</u>	<u>-</u>	<u>-</u>	<u>190,911</u>
Change in Net Position	<u>(194,840)</u>	<u>-</u>	<u>(84,313)</u>	<u>(279,153)</u>
Net Position, Beginning of Year, as previously stated	(482,548)	-	(272,791)	(755,339)
Adjustments (Note 11)	<u>(130,636)</u>	<u>-</u>	<u>-</u>	<u>(130,636)</u>
Net Position, Beginning of Year, as restated	<u>(613,184)</u>	<u>-</u>	<u>(272,791)</u>	<u>(885,975)</u>
Net Position, End of Year	<u>\$ (808,024)</u>	<u>\$ -</u>	<u>\$ (357,104)</u>	<u>\$ (1,165,128)</u>



Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Directors
Harney County Health District
Burns, Oregon

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Harney County Health District (the District) as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated December 19, 2025.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Eric Bailly LLP". The signature is written in a cursive, flowing style.

Boise, Idaho
December 19, 2025

Financial Statement Findings

None Reported.

Additional Required Reports
June 30, 2025

Harney County Health District

Audit Comments and Disclosures Required by State Regulations

Oregon Administrative Rules 162-10-0000 through 162-10-0330 of the Minimum Standards for Audits of Oregon Municipal Corporations, prescribed by the Secretary of State in cooperation with the Oregon State Board of Accountancy, enumerate the financial statements, schedules, comments, and disclosures required in audit reports. The required statements and schedules are set forth in the preceding sections of this report. Required comments and disclosures related to the audit of such statements and schedules are set forth in the following pages.



Independent Auditor's Report Required by Oregon State Regulations

To the Board of Directors
Harney County Health District
Burns, Oregon

We have audited the basic financial statements of Harney County Health District (the District) as of and for the year ended June 30, 2025, and have issued our report thereon dated December 19, 2025. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the provisions of the Minimum Standards of Audits of Oregon Municipal Corporations, prescribed by the Secretary of State. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement.

Compliance

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, including provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-010-0000 through 162-010-0330, as set forth below, noncompliance with which could have a direct and material effect on the determination of financial statements amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion.

We performed procedures to the extent we considered necessary to address the required comments and disclosures which included, but were not limited to the following:

OAR	Section	Instances of Non-Compliance Identified
162-010-0000	Preface	Not Applicable
162-010-0010	Definitions	Not Applicable
162-010-0020	General Requirements	None noted
162-010-0030	Contracts	None noted
162-010-0050	Financial Statements	None noted
162-010-0115	Required Supplementary Information (RSI)	None noted
162-010-0120	Supplementary Financial Information	None noted
162-010-0130	Schedule of Revenues, Expenditures / Expenses, and Changes in Fund Balances / Net Position, Budget and Actual (Each Fund)	None noted

OAR	Section	Instances of Non-Compliance Identified
162-010-0140	Schedule of Accountability for Independently Elected Officials	Not Applicable
162-010-0190	Other Financial or Statistical Information	Not Applicable
162-010-0200	Independent Auditor's Review of Fiscal Affairs	None noted
162-010-0230	Accounting Records and Internal Control	None noted
162-010-0240	Public Fund Deposits	None noted
162-010-0250	Indebtedness	None noted
162-010-0260	Budget	Not Applicable
162-010-0270	Insurance and Fidelity Bonds	Not Applicable
162-010-0280	Programs Funded from Outside Sources	Not Applicable
162-010-0295	Highway Funds	Not Applicable
162-010-0300	Investments	None noted
162-010-0310	Public Contracts and Purchasing	Not Applicable
162-010-0315	State School Fund	Not Applicable
162-010-0316	Public Charter Schools	Not Applicable
162-010-0320	Other Comments and Disclosures	Not Applicable
162-010-0330	Extension of Time to Deliver Audit Reports	None noted

In connection with our testing nothing came to our attention that caused us to believe the District was not in substantial compliance with certain provisions of laws, regulations, contracts, and grants, including the provisions of Oregon Revised Statutes as specified in Oregon Administrative Rules 162-10-000 through 162-10-330 of the Minimum Standards for Audits of Oregon Municipal Corporations.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of District's internal control. Accordingly, we do not express an opinion on the effectiveness of District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with Minimum Standards for Audits of Oregon Municipal Corporations, prescribed by the Secretary of State, in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Eide Bailly LLP

By:



Kevin Smith, CPA, Oregon Municipal Auditor, Lic#1527
Boise, Idaho
December 19, 2025

Attachment G

Exhibit 1.f.vi

HCMO-1c: Facilities and Location Form

Health Care Market Oversight (HCMO) Program

HCMO-1c: Facilities and Locations Form

List all health care facilities and locations associated with parties to the proposed material change transaction that currently operate in Oregon. Please add additional rows or pages as needed. Submit the completed form in a portable document form (pdf) to hcmo.info@oha.oregon.gov. This form will be published.

For each location, include the location or facility name, street address, services provided at the location, and service area zip codes. Service area refers to the smallest number of zip codes from which the location or facility draws at least 75% of its patients, based on home zip codes of patients. Add rows as needed for additional locations.

Locations associated with Party A

Entity Name: Harney County Health District

Location/ Facility Name	Street Address	Services provided at location	Service area zip codes
Harney District Hospital	557 W. Washington Street, Burns, Oregon 97720	Hospital services (behavioral health, clinical laboratory, emergency medical services, imaging, infusion clinic, nutritional therapy, obstetrics, orthopedics, pain clinic, physical and sports therapy, respiratory therapy, speech therapy, surgical services, and transitional care)	97720, 97738
NewSun Energy and Harney District Hospital Specialty Care Clinic	271 N. Egan Avenue, Burns, Oregon 97720	Outpatient general surgery services, orthopedic services, cardiology services, oncology and hematology services,	97720, 97738

Location/ Facility Name	Street Address	Services provided at location	Service area zip codes
		MOHS dermatology procedures, and ENT services	
Harney District Hospital Family Care	559 W. Washington Street, Burns, Oregon 97720	Rural health clinic (primary care) services	97720, 97738
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