

Board Meeting

Supplemental Packet

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Require Northern Inyo Healthcare District to retain Dr. Bo Loy

In the heart of Inyo County, our community has been privileged to have Dr. Bo Loy, a truly outstanding orthopedist, serving our healthcare needs with unparalleled compassion and expertise. Dr. Loy has been instrumental in improving the quality of life for countless patients through his skillful care and dedication to his profession.

Dr. Loy's presence at Northern Inyo Healthcare District has been a beacon of hope for patients requiring orthopedic care. His empathetic approach and commitment to patient wellness have made him a highly regarded member of our community. Unfortunately, we have now been faced with the unsettling news that Dr. Loy may no longer continue his practice with the Northern Inyo Healthcare District.

Losing Dr. Loy would mean losing not just an exceptional physician, but a dedicated caretaker who has built strong, trusting relationships with his patients. His departure could significantly impact the level of orthopedic care available in our region. Northern Inyo Healthcare District must consider the ramifications for current and future patients who depend on his skills and compassion.

We call on the Northern Inyo Healthcare District management to take immediate and effective steps to ensure Dr. Bo Loy remains a part of our community. Retaining him would continue to guarantee the high standard of orthopedic care our residents have come to rely upon.

By signing this petition, you are advocating for quality medical care and continuity. Together, we can help secure Dr. Loy's invaluable presence at the Northern Inyo Healthcare District. Please lend your voice and sign this petition to make a difference in our community's health and well-being.

Sean McWilliams

"At a time when NIH needs to be pulling from all available resources to get themselves out of the red, they go and make another horrible financial decision and let go of the best orthopedic surgeon in Inyo county. Shame on you!!!!"

Carly Barker

"We all enjoy dr. bo loy ,he has alot of wisdom and I am sure the new ones coming in learning a lot for him. We need it thank the Lord for him. Amen."

Donovan Otto

"I have worked with Dr. Loy in the past and found him to be an ethically and morally sound individual and surgeon. I don't know the specific issues involved between Dr. Loy and NIH administration, but I can attest to his trustworthy and sincere work ethic around patients ,staff members and the public. It would be a great loss for NIH and the community of Bishop to force him out."

Name	City	State	Postal Code	Country	Signed On
Angela Scott	Bishop	CA	93514	United States	2025-11-23
Julie Frumkin	Bishop	CA	93514	United States	2025-11-23
Jack n Pat Crowt	Bishop	CA	92394	United States	2025-11-23
Micaela Muro	Bishop	CA	93514	United States	2025-11-23
Diane Trotter	Big Pine	CA	93513	United States	2025-11-23
Suzette Poirier	Bishop	CA	93514	United States	2025-11-23
John Trotter	Big Pine	CA	93513	United States	2025-11-23
Sarah Brown	Bishop	CA	93514	United States	2025-11-23
Phillip Poirier	Bishop	CA	93514	United States	2025-11-23
Dale Hussey	Bishop	CA	93514	United States	2025-11-23
DLisa Banta	Big Pine	CA	93513	United States	2025-11-23
Trica Weatherfor	Bishop	CA	93514	United States	2025-11-23
Susan Distel	Bishop	CA	93514	United States	2025-11-23
Trese Mckellips	Bishop	CA	93514	United States	2025-11-23
Neal Jarvis	Bishop	CA	93514	United States	2025-11-23
Jennifer Renaldi	Bishop	CA	93514	United States	2025-11-23
Lisa Johnston	Bishop	CA	93514	United States	2025-11-23
Araceli Morales	Bishop	CA	93514	United States	2025-11-23
Bruce Routt	Bishop	CA	93514	United States	2025-11-23
Diane Oney	Bishop	CA	93514	United States	2025-11-23
Kyle Oney	Bishop	CA	93514	United States	2025-11-23
Renee Rowley	Bishop	CA	93514	United States	2025-11-23
Howard Lehwald	Bishop	CA	93514	United States	2025-11-23
Lynnette Willis	Bishop	CA	93514	United States	2025-11-23
Mary White	Bishop	CA	93514	United States	2025-11-24
Steve Fredericks	Bishop	CA	93514	United States	2025-11-24
Jerry Knapp	Bishop	CA	93514	United States	2025-11-24
Chris Wickham	Bishop	CA	93514	United States	2025-11-24
Tracy Caron	Bishop	CA	93514	United States	2025-11-24
Chris Cauldwell	Bishop	CA	93514	United States	2025-11-24
Sandra Azar	Victorville	CA	92392	United States	2025-11-24
Todd Pflug	Bishop	CA	93514	United States	2025-11-24
Carrie Pflug	Bishop	CA	93514	United States	2025-11-24
Diana Lanane	Bishop	CA	93514	United States	2025-11-24
Kelli brown	Bishop	CA	93514	United States	2025-11-24
Debbie Hayward	Bishop	CA	93514	United States	2025-11-24
Kerry Benjamin	Bishop	CA	93514	United States	2025-11-24
Heidi Dougherty	Bishop	CA	93514	United States	2025-11-24
Linda Maurer	Bishop	CA	93514	United States	2025-11-24
Carlos Paz	Big Pine	CA	93513	United States	2025-11-24
Kim Partridge	Bishop	CA	93514	United States	2025-11-24
Lori Forehand	Buffalo Gap	TX	79508	United States	2025-11-24
LeeAnn Rasmus	Bishop	CA	93514	United States	2025-11-24
Doug Screen	Bishop	CA	93514	United States	2025-11-24
John MCDERMC	Bishop	CA	93514	United States	2025-11-24

Steve Clarke	Mammoth Lakes	CA	93546	United States	2025-11-24
Jonah Matthews	Bishop	CA	93514	United States	2025-11-24
Forest Becket	Bishop	CA	93514	United States	2025-11-24
Warren Strand	Bishop	CA	93514	United States	2025-11-24
Sue Butler	Bishop	CA	93514	United States	2025-11-24
Sara Richardson	Bishop	CA	93514	United States	2025-11-24
Shields Richards	Mammoth Lakes	CA	93546	United States	2025-11-24
Hillary Richardso	Bishop	CA	93514	United States	2025-11-24
Karen Simerlink	Bishop	CA	93514	United States	2025-11-24
Theresa Otto	Bishop	CA	93514	United States	2025-11-24
Donovan Otto				United States	2025-11-24
Nancy G	Bishop	CA	93514	United States	2025-11-24
Jessica Younger	Bishop	CA	93514	United States	2025-11-24
gail Ieshaw	Bishop	CA	93514	United States	2025-11-24
Barbara Orth	Denton	NC	27239	United States	2025-11-25
Donna Davis	Bishop	CA	93514	United States	2025-11-25
Murray Miller	Bishop	CA	93514	United States	2025-11-25
Tonya Miller	Bishop	CA	93514	United States	2025-11-25
Cynthia Lehwald	Lancaster	CA	93514	United States	2025-11-25
Chris Conn	Bishop	CA	6840	Mexico	2025-11-25
Margaret Palchal	Bishop	CA	93514	United States	2025-11-25
Geri Nielsen	Bishop	CA	93514	United States	2025-11-25
Randy Short	Bishop	CA	93514	United States	2025-11-25
David barrett	San Jose	CA	95141	United States	2025-11-25
Katy Bowlan	Bishop	CA	93514	United States	2025-11-25
Helen Leuthner	Lake Grove	NY	11755	United States	2025-11-25
Carla Saturno Rc	Bishop	CA	93514	United States	2025-11-25
James Forero	Boca Raton	FL	33433	United States	2025-11-25
John Atkins	Bishop	CA	93514	United States	2025-11-25
Maurice Vaughn	Greenville	NC	27834	United States	2025-11-25
Sarah Walling	Castleton On Hu	NY	12033	United States	2025-11-25
Penny Mccoy	Bishop	CA	93514	United States	2025-11-25
joseph ferraro	new york	NY	10305	United States	2025-11-25
Michele Hart	Bishop	CA	93514	United States	2025-11-25
Dale Shero	Fernandina Beac	GA	32034	United States	2025-11-25
Mary Mae Kilpatr	Bishop	CA	93514	United States	2025-11-25
Alvin Sasuga	Bishop	CA	93514	United States	2025-11-25
Carol Bunce	Bishop	CA	93514	United States	2025-11-25
Teri Giovanine	Bishop	CA	93514	United States	2025-11-25
Mark Hodges	Bishop	CA	93514	United States	2025-11-25
William Cody	Bishop	CA	93514	United States	2025-11-25
Ria Atkins	Bishop	CA	93514	United States	2025-11-25
Margaret Matlick	Bishop	CA	93514	United States	2025-11-25
Belinda Nielsen	Bishop	CA	93514	United States	2025-11-25
Steve Geikow	Wheeling	IL	60090	United States	2025-11-26
Kyle Roberts	Bishop	CA	93514	United States	2025-11-26

Etzar Cisneros	Birmingham	AL	35206	United States	2025-11-26
Rochelle Romo	Bishop	CA	93514	United States	2025-11-26
Lynette McIntosh	Bishop	CA	93514	United States	2025-11-26
Grant Schumach	Bishop	CA	93514	United States	2025-11-26
Nyesia Lewis	Garden Grove	CA	93546	United States	2025-11-26
Theresa Roberts	Bishop	CA	93514	United States	2025-11-26
Suzan Guay	Toledo	WA	98591	United States	2025-11-26
Cheryl Fendon	Bishop	CA	93514	United States	2025-11-26
Ellen Chinzi	Bishop	CA	93514	United States	2025-11-26
Karen Whinnery	Lake Havasu City	AZ	86404	United States	2025-11-26
Betty Wagoner	Bishop	CA	93514	United States	2025-11-26
Kristy Peek	Bishop	CA	93514	United States	2025-11-26
Ron Borin	Bishop	CA	93514	United States	2025-11-26
Dan Pool	Bishop	CA	93514	United States	2025-11-26
keanen tillotson	Bishop	CA	93514	United States	2025-11-26
Prohibit Cloud Se	Bishop	CA	93514	United States	2025-11-26
Brenda Oney Mo	Bishop	CA	93514	United States	2025-11-26
Carly Barker	Bishop	CA	93514	United States	2025-11-26
Afton Caso	Bishop	CA	93514	United States	2025-11-26
Mark Jones	Union Dale	PA	18470	United States	2025-11-26
Vicki Michener	Bishop	CA	93514	United States	2025-11-26
Connie Caton	Bishop	CA	93514	United States	2025-11-26
Dan Jacobs	Bishop	CA	93514	United States	2025-11-26
Maryann Sheare	Bishop	CA	93514	United States	2025-11-26
Monse Flores	Mammoth lakes	CA	92356	United States	2025-11-26
Mike Gehringer	Bishop	CA	93514	United States	2025-11-26
daisy godinez	Mammath Lakes	CA	93546	United States	2025-11-26
Nancy Conrad	Bishop	CA	93514	United States	2025-11-26
Bob Balandran	Corona	CA	92882	United States	2025-11-26
Robb Perry	Phelan	CA	92371	United States	2025-11-27
Beverly Morefielc	Bishop	CA	93514	United States	2025-11-27
Nancy Wymaster	Bishop	CA	93514	United States	2025-11-27
Pat Todd	Riverside	CA	92509	United States	2025-11-27
Lorraine Estey	Escondido	CA	92025	United States	2025-11-27
Robert Paxson	Bishop	CA	93514	United States	2025-11-27
John Callon	Temecula	CA	92592	United States	2025-11-27
Colleen Bailey	Portland	OR	97217	United States	2025-11-27
Marilyn Brolsma	Bishop	CA	93514	United States	2025-11-27
Donna Mayfield	Bishop	CA	93514	United States	2025-11-27
Jeanne Rodrigue	Trabuco Canyon	CA	92679	United States	2025-11-27
Karen Tunison	Chandler	AZ	85249	United States	2025-11-27
Michael Archulet	Rancho Cucamonga		91739	United States	2025-11-27
Mathias Mentges	Gardena	CA	90247	United States	2025-11-27
Darla Heil	Victorville	CA	92392	United States	2025-11-27
Shirley Delgado	Lake Havasu City	AZ	86406	United States	2025-11-27
Deb Riddle	Lucerne Valley	CA	92356	United States	2025-11-27

Fernando medina	Arcadia	CA	91006	United States	2025-11-27
Samuel Pacheco	San Bernardino	CA	92404	United States	2025-11-27
Gloria Santana	San Fernando	CA	91340	United States	2025-11-27
Jeanette Smith	Bishop	CA	93514	United States	2025-11-27
Tammy Mcdevitt	Bishop	CA	93514	United States	2025-11-27
Monet Norberg	Bishop	CA	93514	United States	2025-11-28
Pam Rake	Bishop	CA	93514	United States	2025-11-28
Sarah Eldridge	Big Pine	CA	93513	United States	2025-11-28
Susan Olito	Bishop	CA	93514	United States	2025-11-28
Matthew Kruse	Gardnerville	NV	89460	United States	2025-11-28
Joyce Hernandez	Kingsburg		93631	United States	2025-11-28
Emily Falkingham	Mammoth Lakes	CA	93546	United States	2025-11-28
Britney Clair	Bishop	CA	93514	United States	2025-11-28
JOSEPHINE ANI	Bishop	CA	93514	United States	2025-11-29
Marj Vincent	Ontario	OR	97914	United States	2025-11-29
Garrett Clair	Bishop	CA	93514	United States	2025-11-29
Dee Ann Boyd	Bishop	CA	93514	United States	2025-11-29
Marylou Sowa	Bishop	CA	93514	United States	2025-11-30
Cyndi Rottner	Bishop	CA	93514	United States	2025-12-01
Devan Murphy	Bishop	CA	93514	United States	2025-12-01
Christian Milovic	Bishop	CA	93514	United States	2025-12-01
Connie Morrison	Ridgecrest	CA	93555	United States	2025-12-01
Jonathan Thibau	Mammoth Lakes	CA	93546	United States	2025-12-03
Cate Harper	Detroit	MI	48228	United States	2025-12-03
Mairead Murray	Auberry	CA	93602	United States	2025-12-03
carrie tyler	Houston	TX	77086	United States	2025-12-04
Felicia Johnson	Houston	TX	77075	United States	2025-12-04
Lisa Manzanares	Bishop	CA	93514	United States	2025-12-05
dawn pilsl	Bishop	CA	93514	United States	2025-12-07
mark frumkin	Bishop	CA	93514	United States	2025-12-07
Jim and Helei W	Bishop	CA	93514	United States	2025-12-11
Sean McWilliams	Bishop	CA	93514	United States	2025-12-13
Matthew Clair	Bishop	CA	93514	United States	2025-12-13
Jennifer Beaude	Bishop	CA	93514	United States	2025-12-15
Nancy Eurlon	Bishop	CA	93514	United States	2025-12-15
Sawyer Caso-No	Bishop	CA	93514	United States	2025-12-15
Brand Caso	Bsihop	CA	93514	United States	2025-12-15
Daniel Johnson	Bishop	CA	93514	United States	2025-12-16

NORTHERN INYO HEALTHCARE DISTRICT

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION**

YEAR ENDED JUNE 30, 2025

**NORTHERN INYO HEALTHCARE DISTRICT
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YEAR ENDED JUNE 30, 2025**

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Northern Inyo Healthcare District
Bishop, California

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the business-type activities and fiduciary activities of the Northern Inyo Healthcare District (District), as of and for the year then 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 financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and fiduciary activities the District, as of June 30, 2025, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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 opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 schedule of changes in the net pension liability and related ratios, schedule of pension contributions, and schedule of investment returns, as listed in the table of content be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

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

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District's basic financial statements. The combining financial statements of the District and component units are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the combining financial statements of the District and component units are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Information

Management is responsible for the other information included in the basic financial statements. The other information comprises the statistical information of the District 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 our report dated REPORT DATE 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, and 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 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 District's internal control over financial reporting and compliance.

CliftonLarsonAllen LLP

Roseville, California
REPORT DATE

DRAFT

**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF NET POSITION
JUNE 30, 2025**

ASSETS

CURRENT ASSETS

Cash and Investments	\$ 28,597,729
Receivables:	
Patient, Net of Estimated Uncollectibles	16,694,500
Leases Receivable	19,414
Other Receivables	5,144,059
Inventory	5,334,240
Prepaid Expenses and Other Assets	1,153,602
Total Current Assets	<u>56,943,544</u>

NONCURRENT CASH AND INVESTMENTS

Restricted for Specific Operating Purposes and Capital Improvements	1,469,292
Long Term Investments	735,988
Total Noncurrent Cash and Investments	<u>2,205,280</u>

CAPITAL ASSETS

Capital Assets not Being Depreciated/Amortized	12,442,254
Capital Assets Being Depreciated/Amortized, Net	69,178,864
Total Capital Assets	<u>81,621,118</u>

Total Assets	140,769,942
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DEFERRED OUTFLOWS OF RESOURCES

Deferred Outflows Related to Pensions	9,393,030
Deferred Outflows Related to Refunding	297,382
Deferred Outflows Related to Acquisition	469,940
Total Deferred Outflows of Resources	<u>10,160,352</u>

Total Assets and Deferred Outflows of Resources	<u><u>\$ 150,930,294</u></u>
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See accompanying Notes to Financial Statements.

**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF NET POSITION (CONTINUED)
JUNE 30, 2025**

LIABILITIES

CURRENT LIABILITIES

Current Maturities of Long-Term Debt	\$ 1,991,714
Current Maturities Related to Leases	186,100
Current Maturities Related to SBITA's	1,238,931
Other Liabilities	341,930
Estimated Third-Party Payor Settlements	(841,312)
Accounts Payable:	
Trade	4,793,082
Accrued Expenses:	
Salaries and Wages	2,810,076
Interest and Sales Taxes	89,554
Self-Insurance Claims	1,062,591
Unearned Revenue	35,314
Total Current Liabilities	<u>11,707,980</u>

LEASE LIABILITY, Less Current Maturities 242,733

SBITA LIABILITY, Less Current Maturities 4,996,188

LONG-TERM DEBT, Less Current Maturities 45,871,672

NET PENSION LIABILITY 31,874,258

Total Liabilities 94,692,831

DEFERRED INFLOWS OF RESOURCES

Deferred Inflows Related to Pensions	8,740,164
Deferred Inflows Related to Lease Receivables	18,626
Total Deferred Inflows of Resources	<u>8,758,790</u>

NET POSITION

Net Investment in Capital Assets	27,093,780
Restricted:	
Programs	25,142
Capital Improvements	1,444,150
Unrestricted	18,915,601
Total Net Position	<u>47,478,673</u>

Total Liabilities, Deferred Inflows of Resources, and Net Position \$ 150,930,294

**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
YEAR ENDED JUNE 30, 2025**

OPERATING REVENUES

Net Patient Service Revenue	\$ 99,493,670
Other Revenue	2,585,894
Total Operating Revenues	<u>102,079,564</u>

OPERATING EXPENSES

Salaries and Wages	46,908,256
Employee Benefits	16,879,452
Professional Fees and Purchased Services	19,695,452
Supplies	12,812,432
Purchased Services	6,929,502
Depreciation and Amortization	5,187,694
Other	8,729,421
Total Operating Expenses	<u>117,142,209</u>

OPERATING LOSS

(15,062,645)

NONOPERATING REVENUES (EXPENSES)

Property Tax for Operations	987,050
Property Tax for Debt Service	2,170,208
Investment Income	16,110
Interest Expenses	(1,753,903)
Gain (Loss) on Sale of Assets	4,598
Noncapital Contributions and Grants	14,645,324
Rental Income	24,836
Miscellaneous Income (Expense)	3,970,263
Net Nonoperating Revenues (Expenses)	<u>20,064,486</u>

CHANGE IN NET POSITION

5,001,841

Net Position - Beginning of Year

42,476,832

NET POSITION - END OF YEAR

\$ 47,478,673

See accompanying Notes to Financial Statements.

**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2025**

CASH FLOWS FROM OPERATING ACTIVITIES

Receipts from and on Behalf of Patients	\$ 98,272,460
Payments to Suppliers and Contractors	(36,622,859)
Payments to and on Behalf of Employees	(66,680,564)
Other Receipts and Payments, Net	<u>(8,144,140)</u>
Net Cash Used by Operating Activities	(13,175,103)

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

Noncapital Contributions and Grants	14,645,324
Property Taxes Received	<u>987,050</u>
Net Cash Provided by Noncapital Financing Activities	19,531,023

**CASH FLOWS FROM CAPITAL AND CAPITAL RELATED
FINANCING ACTIVITIES**

Principal Payments on Long-Term Debt	(3,832,965)
Interest Paid	461,409
Purchase and Construction of Capital Assets	(1,711,304)
Payments on Lease Liability	(269,021)
Payments on Subscription Liability	(1,199,596)
Property Taxes Received	<u>2,170,208</u>
Net Cash Used by Capital and Capital Related Financing Activities	(4,381,269)

CASH FLOWS FROM INVESTING ACTIVITIES

Investment Income	16,110
Rental Income	<u>49,892</u>
Net Cash Provided by Investing Activities	<u>66,002</u>

NET CHANGE IN CASH AND CASH EQUIVALENTS

2,040,653

Cash and Cash Equivalents - Beginning of Year

28,762,356

CASH AND CASH EQUIVALENTS - END OF YEAR

\$ 30,803,009

**RECONCILIATION OF CASH AND CASH EQUIVALENTS
TO THE STATEMENT OF NET POSITION**

Cash and Cash Equivalents in Current Assets	\$ 28,597,729
Cash and Cash Equivalents in Noncurrent Cash and Investments	<u>2,205,280</u>
Total Cash and Cash Equivalents	<u><u>\$ 30,803,009</u></u>

See accompanying Notes to Financial Statements.

**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF FIDUCIARY NET POSITION
DECEMBER 31, 2024**

**RECONCILIATION OF OPERATING LOSS TO NET CASH
USED BY OPERATING ACTIVITIES**

Operating Loss	\$ (15,062,645)
Adjustments to Reconcile Operating Income to Net Cash Used by Operating Activities	
Depreciation and Amortization	5,187,694
Pension Expense	3,621,047
Provision for Bad Debts	15,447,684
(Increase) Decrease in Assets:	
Patient Receivables	(14,189,898)
Other Receivables	(2,028,087)
Inventory	1,679,927
Prepaid Expenses	(39,498)
Deferred Outflow of Resources	4,489,427
Increase (Decrease) in Liabilities:	
Accounts Payable	1,216,998
Estimated Third-Party Payor Settlements	(2,478,996)
Accrued Expenses	(2,460,478)
Other Liabilities	(48,937)
Net Pension Liability	(4,693,144)
Deferred Inflow of Resources	(3,816,197)
Net Cash Used by Operating Activities	<u><u>\$ (13,175,103)</u></u>

**SUPPLEMENTAL DISCLOSURE OF NONCASH CAPITAL AND
CAPITAL RELATED FINANCING ACTIVITIES**

Gain on Extinguishment of Debt	<u><u>\$ 71,614</u></u>
Lease Assets Received in Exchange for Lease Liability	<u><u>\$ 186,488</u></u>

See accompanying Notes to Financial Statements.

**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF FIDUCIARY NET POSITION
DECEMBER 31, 2024**

ASSETS

INVESTMENTS AT FAIR VALUE

Cash and Cash Equivalents	\$ 2,110,453
Mutual Funds	<u>15,286,722</u>

Total Assets	<u><u>\$ 17,397,175</u></u>
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NET POSITION

Restricted for Pensions	<u>\$ 17,397,175</u>
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Total Net Position	<u><u>\$ 17,397,175</u></u>
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**NORTHERN INYO HEALTHCARE DISTRICT
STATEMENT OF CHANGES IN FIDUCIARY NET POSITION – PENSION TRUST FUND
YEAR ENDED DECEMBER 31, 2024**

OPERATING REVENUES

Net Patient Service Revenue	\$ 99,493,670
Other Revenue	2,585,894
Total Operating Revenues	<u>102,079,564</u>

OPERATING EXPENSES

Salaries and Wages	46,908,256
Employee Benefits	16,879,452
Professional Fees and Purchased Services	19,695,452
Supplies	12,812,432
Purchased Services	6,929,502
Depreciation and Amortization	5,187,694
Other	8,729,421
Total Operating Expenses	<u>117,142,209</u>

OPERATING LOSS

(15,062,645)

NONOPERATING REVENUES (EXPENSES)

Property Tax for Operations	987,050
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Investment Income	16,110
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Miscellaneous Income (Expense)	3,970,263
Net Nonoperating Revenues (Expenses)	<u>20,064,486</u>

CHANGE IN NET POSITION

5,001,841

Net Position - Beginning of Year

42,476,832

NET POSITION - END OF YEAR

\$ 47,478,673

See accompanying Notes to Financial Statements.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of Northern Inyo Healthcare District (the District) have been prepared in accordance with accounting principles generally accepted 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 was organized in 1946 under the terms of the Local Health Care District Law and is operated and governed by an elected board of directors. The District includes a 25-bed acute care facility that provides inpatient, outpatient, emergency care services, and a rural health clinic in Bishop, California, and its surrounding area.

Blended Component Units

Northern Inyo Hospital Foundation, Inc. (the Foundation) is a legally separate 501(c)(3) tax-exempt nonprofit public benefit corporation. The Foundation acts primarily as a fundraising organization to supplement the resources that are available to the District. Although the District does not control the timing or amount of receipts from the Foundation, the majority of the resources, or income thereon that the Foundation holds and invests are restricted to the activities of the District by the Foundation's bylaws. The Foundation's board of directors may also restrict the use of such funds for capital asset replacement, expansion, or other specific purposes. The District shall appoint the board of directors for the Foundation per the Foundation's bylaws, and for this reason it is a blended component unit of the District. No separate financial report is prepared for the Foundation.

Northern Inyo Hospital Auxiliary, Inc. (the Auxiliary) is also a legally separate 501(c)(3) tax-exempt public benefit corporation. The Auxiliary's actions are subject to the approval of the District and for this reason it is a blended component unit of the District. The Auxiliary's fiscal year end is May 31, 2024. No separate financial report is prepared for the Auxiliary.

All intercompany balances and transactions, if any, have been eliminated.

Fiduciary Component Unit

Northern Inyo Local Hospital District Retirement Plan (the Plan) is a single employer defined benefit retirement plan organized under Internal Revenue Code (IRC) Section 415 for District employees who meet certain eligibility criteria. The Pension Trust Fund Plan is reported in the accompanying financial statements in separate statements of fiduciary net position and changes in fiduciary net position to emphasize that it is legally separate from the District. The Plan's fiscal year end is December 31, 2024. Separate financial statements for the fiduciary component unit are not available.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

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 statements 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 capital assets, net of accumulated depreciation and reduced by outstanding balances of bonds, notes, and other debt that are attributable to the acquisition, construction, or improvement of those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the acquisition, construction, or improvement of those assets or related debt are included in this component of net position.

Restricted net position consists of restricted assets reduced by liabilities and deferred inflows of resources related to those assets. Assets are reported as restricted when constraints are placed on asset use either by external parties or by law through constitutional provision or enabling legislation.

Unrestricted net position is the net amount of the assets, deferred outflows of resources, liabilities, and deferred inflows of resources that does not meet the definition of the two preceding categories.

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 accounting principles generally accepted in the United States of America 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.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

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 its investment in the Local Agency Investment Fund (LAIF) and all highly liquid debt instruments with an original maturity of three months or less to be cash equivalents, excluding noncurrent cash and investments.

The District is authorized under California Government Code (CGC) to make direct investments in local agency bonds, notes, or warrants within the state; U.S. Treasury instruments; registered state warrants or treasury notes; securities of the U.S. government or its agencies; bankers' acceptances; commercial paper; certificates of deposit placed with commercial banks and/or savings and loan companies; repurchase or reverse repurchase agreements; medium-term corporate notes; shares of beneficial interest issued by diversified management companies, certificates of participation, and obligations with first-priority security; and collateralized mortgage obligations.

All investments are stated at fair value, except for guaranteed investment contracts, which are stated at amortized cost. Investment gain (loss) includes changes in fair value of investments, interest, and realized gains and losses.

Restricted Cash and Investments

Restricted cash consists of cash and investments held under indenture agreements or restricted for programs.

Patient Receivables

Patient receivables are uncollateralized customer and third-party payor obligations. The District does not charge interest on unpaid patient receivables. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the District analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Patient Receivables (Continued)

For receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

The District has a discount policy established for residents of the District. Details of forgone charges related to discounts are discussed further in Note 5.

Inventories

Inventories are stated at the lower of cost, determined on the average cost method, or net realizable value.

Fair Value Measurement

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A three-tier hierarchy prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as quoted market prices in active markets for identical assets or liabilities; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as significant unobservable inputs therefore, requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement within the hierarchy is based on techniques that maximize the use of relevant observable inputs and minimizes the use of unobservable inputs.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Fair Value Measurement (Continued)

Assets or liabilities measured and reported at fair value are classified and disclosed in one of the three following categories:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the District has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs, other than quoted prices, those are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Investment Income

Interest, dividends, gains, and losses, both realized and unrealized, on investments and deposits are included in nonoperating revenues when earned.

Capital Assets

Capital asset acquisitions in excess of \$3,000 are capitalized and recorded at cost. Contributed capital assets are reported at their acquisition value at the date of donation. All capital assets other than land and construction in progress are depreciated using the straight-line method of depreciation using the following asset lives:

Land Improvements	2 to 25 Years
Buildings and Improvements	2 to 25 Years
Equipment	3 to 20 Years

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Accreted Interest

Interest expense on capital appreciation bonds is being accreted on the straight-line basis to maturity of the individual bonds, which approximates interest accreted on the effective interest method.

Bond Premiums

Bond premiums relating to the General Obligation Bonds are netted against the debt payable on the Statement of Net Position. Bond premiums are amortized over the period the related obligation is outstanding using the straight-line method, which approximates the effective interest method. The amortization is included in interest expense.

Compensated Absences

The District employees earn paid-time off (PTO) at varying rates, depending on years of service. PTO accumulates up to a specific amount, as defined in the District's employee manual. Employees are paid for accumulated PTO if employment is terminated. The liability for compensated absences is included with accrued salaries and benefits in the accompanying financial statements.

Estimated Health Claims Payable

The District provides for self-insurance reserves for estimated incurred but not reported claims for its employee health plan. These reserves, which are included in current liabilities on the statement of net position, are estimated based upon historical submission and payment data, cost trends, utilization history, and other relevant factors. Adjustments to reserves are reflected in the operating results in the period in which the change in estimate is identified.

Unemployment Compensation

The District is a part of a pooled unemployment insurance group through California Association of Hospital and Healthcare Systems (CAHHS) for unemployment insurance and does not pay state unemployment tax.

Retirement Plan

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Northern Inyo County Local Hospital District Retirement Plan (Plan) and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by the Plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of financial position includes a separate section for deferred outflows of resources. Deferred outflows of resources represent a consumption of net assets that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The District has three items that qualify for reporting in this category. It is the deferred charge on refunding reported in the statement of net position, the deferred amounts related to pensions, and the deferred amounts related to acquisitions. The deferred charge on refunding resulted from the difference between the carrying value of refunded debt and its reacquisition price. This amount is deferred and amortized over the shorter of the life of the refunded or refunding debt. The deferred amounts related to pensions relates to the differences between expected and actual experience, changes in actuarial assumptions, contributions made after the measurement date, and the net difference between estimated and actual investment earnings. The deferred amounts relate to the acquisition of Pioneer Medical Associates.

In addition to liabilities, the statement of financial position includes a separate section for deferred inflows of resources. Deferred inflows of resources represent an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The District has one item that qualifies for reporting in this category. It is the deferred amounts related to pensions for the differences between expected and actual experience and changes in actuarial assumptions.

Property Tax

Property taxes are levied by the County on the District's behalf and are intended to support operations and to service debt. The amount of property tax received is dependent upon the assessed real property valuations as determined by the County Assessor. Secured property taxes are levied July 1 and are due in two equal installments on November 1 and February 1 each year and are delinquent if not paid by December 10 and April 10. Secured property taxes become a lien on the property on January 1.

Operating Revenues and Expenses

The District's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues of the District result from exchange transactions associated with providing healthcare services, the District's principal activity, and the costs of providing those services, including depreciation and excluding interest cost. All other revenues and expenses are reported as nonoperating.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

**NOTE 1 REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

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 healthcare 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 \$117,200 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 receives grants and contributions from governmental and private entities. 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 revenue. Amounts restricted for capital acquisitions are reported after nonoperating revenues and expenses.

Right-of-Use Lease Asset and Liability

In June 2017, the Governmental Accounting Standards Board (GASB) issued GASB Statement No. 87, *Leases*. This standard requires the recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and as inflows of resources or outflows of resources recognized based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right-to-use an underlying asset. Under this standard, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources.

Subscription-Based Information Technology Arrangements (SBITA)

SBITA assets are initially measured as the sum of the present value of payments expected to be made during the subscription term, payments associated with the SBITA contract made to the SBITA vendor at the commencement of the subscription term, when applicable, and capitalizable implementation costs, less any SBITA vendor incentives received from the SBITA vendor at the commencement of the SBITA term. SBITA assets are amortized in a systematic and rational manner over the shorter of the subscription term or the useful life of the underlying IT assets.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

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: Inpatient acute and outpatient services rendered to Medicare program beneficiaries are reimbursed primarily under a cost reimbursement methodology pursuant to the District's designation as a critical access hospital. Costs are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare Administrative Contractor (MAC). The District's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. Medicare cost reports have been audited by the fiscal intermediary through June 30, 2017.

Medi-Cal: Reimbursement for hospital inpatient services provided to Medi-Cal beneficiaries are based on a diagnosis-related group (DRG)-based methodology and uses the All-Patient Refined DRGs (APR- DRGs) algorithm. Medi-Cal cost reports have been audited through June 30, 2019. Outpatient services are paid at prospectively determined rates per procedure determined by the state of California.

Outpatient services delivered at the clinic are reimbursed using a prospectively determined payment system.

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

Patient revenue from the Medicare and Medi-Cal programs accounted for approximately 22% and 10% of the District's net patient service revenue for the year ended June 30, 2025.

Laws and regulations governing the Medicare, Medi-Cal, 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 decreased by \$-0- 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.

Medi-Cal Payments

California legislation (AB-915) provides for a Medi-Cal supplemental payment for Medi-Cal outpatient hospital services. As a result of this program, payments received were \$1,296,165 in the year ended June 30, 2025.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 2 NET PATIENT SERVICE REVENUE (CONTINUED)

Medi-Cal Payments (Continued)

The California Department of Healthcare Services (DHCS) implemented The Hospital Quality Assurance Fee (HQAF) program in 2010. The program provides funding for supplemental payments to California hospitals that serve Medi-Cal and uninsured patients. The District received \$990,578 in the year ended June 30, 2025, under this program.

California legislation also provides for a Nondesignated Public Hospital Intergovernmental Transfer Program (IGT) for additional payments for outpatient managed care hospital services. As a result of this program, net payments recognized were \$13,185,042 in the year ended June 30, 2025. Amounts due under this program total \$-0- as of June 30, 2025 and are reported as other receivables on the statement of net position.

The District records these amounts as other operating revenue, when the revenue is estimable and is reasonably assured of being collected, generally when payments are received or expected to be received.

NOTE 3 DEPOSITS AND INVESTMENTS

The carrying amounts of deposits and investments as of June 30, 2025 are as follows:

Carrying Amount	
Petty Cash	\$ 1,998
Cash and Deposits	22,381,376
Investments	8,419,635
Total	<u>\$ 30,803,009</u>

Deposits and investments are reported in the following statement of net position captions:

Cash and Investments	\$ 29,333,717
Restricted for Specific Operating Purposes and Capital Improvements	1,469,292
Total	<u>\$ 30,803,009</u>

NOTE 3 DEPOSITS AND INVESTMENTS (CONTINUED)

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

Investments Authorized by the California Government Code and the Entity's Investment Policy

The table below identifies the investment types that are authorized for the District by the California Government Code (or the District's investment policy, where more restrictive). The table also identifies certain provisions of the California Government Code (or the District's investment policy, where more restrictive) that address interest rate risk, credit risk, and concentration of credit risk. This table does not address investments of debt proceeds held by bond trustee that are governed by the provisions of debt agreements of the District, rather than the general provisions of the California Government Code or the District's investment policy.

Authorized Investment Type	Maximum Maturity	Maximum Percentage of Portfolio*	Maximum Investment in One Issuer
Local Agency Bonds	5 Years	None	None
U.S. Treasury Obligations	5 Years	None	None
U.S. Agency Securities	5 Years	None	None
Banker's Acceptances	180 Days	40%	30%
Commercial Paper	270 Days	25%	10%
Negotiable Certificates of Deposit	5 Years	30%	None
Repurchase Agreements	1 Year	None	None
Reverse Repurchase Agreements	92 Days	20% of Base Value	None
Medium-Term Notes	5 Years	30%	None
Mutual Funds	N/A	20%	10%
Money Market Mutual Funds	N/A	20%	10%
Mortgage Pass-Through Securities	5 Years	20%	None
County Pooled Investment Funds	N/A	None	None
Local Agency Investment Fund (LAIF)	N/A	None	\$75M per Account
JPA Pools (Other Investment Pools)	N/A	None	None

* Excluding amounts held by bond trustee that are not subject to CGC restrictions.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 3 DEPOSITS AND INVESTMENTS (CONTINUED)

Investments Authorized by Debt Agreements

Investment of debt proceeds held by bond trustee are governed by provisions of the debt agreements, rather than the general provisions of the California Government Code or the Entity's investment policy. The table below identifies the investment types that are authorized for investments held by bond trustee. The table also identifies certain provisions of these debt agreements that address interest rate risk, credit risk, and concentration of credit risk.

Authorized Investment Type	Maximum Maturity	Maximum Percentage of Portfolio*	Maximum Investment in One Issuer
U.S. Treasury Obligations	None	None	None
U.S. Agency Securities	None	None	None
Banker's Acceptances	180 Days	None	None
Commercial Paper	270 Days	None	None
Money Market Mutual Funds	N/A	None	None
Investment Contracts	30 Years	None	None
Local Agency Investment Fund (LAIF)	N/A	None	\$75M per Account

* Excluding amounts held by bond trustee that are not subject to CGC restrictions.

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. One of the ways that the District manages its exposure to interest rate risk is by purchasing a combination of shorter term and longer term investments and by timing cash flows from maturities so that a portion of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for operations. Information about the sensitivity of the fair values of the District's investments (including investments held by bond trustee) to market interest rate fluctuation is provided by the following table that shows the distribution of the District's investments by maturity at June 30, 2025:

Investment Type	Carrying Amount	Rating	Investment Maturities (in Years)		
			Less Than 1	1-5	6-10
Certificates of Deposits	\$ 2,836,508	P-1/Aa1	\$ 2,100,520	\$ 735,988	\$ -
Mutual Funds	98,199	AAAm	98,199	-	-
Equities	82,751	AAAm	82,751	-	-
Local Agency Investment Fund	5,402,176	Not Rated	5,402,176	-	-
Total	<u>\$ 8,419,634</u>		<u>\$ 7,683,646</u>	<u>\$ 735,988</u>	<u>\$ -</u>

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 3 DEPOSITS AND INVESTMENTS (CONTINUED)

Credit Risk

Generally, credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The CGC limits the minimum rating required for each investment type. The LAIF is not rated.

Custodial Credit Risk

Custodial credit risk for *deposits* is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for *investments* is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, a government will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The California Government Code and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for deposits or investments, other than the following provision for deposits: The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The market value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. California law also allows financial institutions to secure the District's deposits by pledging first trust deed mortgage notes having a value of 150% of the secured public deposits.

As of June 30, 2025, \$26,352,527 of the District's deposits with financial institutions in excess of federal depository insurance limits were held in uncollateralized accounts.

Investment in State Investment Pool

The District is a voluntary participant in the Local Agency Investment Fund (LAIF) that is regulated by the California Government Code under the oversight of the treasurer of the state of California. The fair value of the District's investment in this pool is reported in the accompanying financial statements at amounts based upon the District's pro-rata share of the fair value provided by LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on an amortized cost basis.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 3 DEPOSITS AND INVESTMENTS (CONTINUED)

Fair Value Measurements

Assets measured at fair value on a recurring basis and the related fair value of these assets as of June 30, 2025 are as follows:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Investments by Fair Value</u>				
District Investments:				
Certificates of Deposit	\$ 2,836,508	\$ -	\$ 2,836,508	\$ -
Mutual Funds	98,199	98,199	-	-
Equities	82,751	82,751	-	-
Total District Investments Measured at Fair Value	3,017,458	<u>\$ 180,950</u>	<u>\$ 2,836,508</u>	<u>\$ -</u>
Investments not Measured at Fair Value or Subject to Fair Value Hierarchy:				
Local Agency Investment Fund	5,402,176			
Total District Investments	<u>\$ 8,419,634</u>			

The value of publicly-traded assets, which would be listed as Level 1, are based on unaffiliated industry sources believed to be reliable. Values for nonpublicly traded assets, listed as Level 2, may be determined from other unaffiliated sources. Assets for which a current value is unavailable, which would be listed as Level 3, may be reflected at the last reported price or at par, using the best information available in the circumstances.

The District's investments in traded certificates of deposit and U.S. Government obligations, which are reported in short-term and long-term investments, are based on quoted market prices for identical investments in an inactive market or similar investments in markets that are either active or inactive. Guaranteed investment contracts are valued at cost.

Deposits and withdrawals in governmental investment pools, such as LAIF are made on the basis of \$1 and not fair value. Accordingly, the District's proportionate share in these types of investments is an uncategorized input not defined as a Level 1, Level 2, or Level 3 input.

Employees' Retirement System

The District's governing body has the responsibility and authority to oversee the investment portfolio. Various professional investment managers are contracted to assist in managing the District's investments; all investment decisions are subject to California law and the investment policy established by the governing body. The District's investments are held by a trust company.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 3 DEPOSITS AND INVESTMENTS (CONTINUED)

Pension Plan Investment Policy

The Plan's investment policy authorizes the Plan to invest in all investments allowed by state statute. These include deposits/investments in insured commercial banks, savings and loan institutions, interest-bearing obligations of the U.S. Treasury and U.S. agencies, interest-bearing bonds of the state of California or any county, township, or municipal corporation of the state of California, money market mutual funds whose investments consist of obligations of the U.S. Treasury or U.S. agencies, separate accounts managed by life insurance companies, mutual funds, and California Funds (created by the State Legislature under the control of the State Treasurer that maintains a \$1 per share value, which is equal to the participant's fair value). During the year ended June 30, 2025, there were no changes to the investment policy.

Pension Plan Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by assignment of a rating by a nationally recognized statistical rating organization. The Plan has an investment policy that limit investment choices by credit rating.

Investment Type	Carrying Amount	Rating	Investment Maturities (in Years)		
			Less Than 1	1-5	6-10
Mutual Funds	\$ 15,286,722	AA+	\$ 15,286,722	\$ -	\$ -
Total	\$ 15,286,722		\$ 15,286,722	\$ -	\$ -

Pension Plan Custodial Credit Risk

For an investment, custodial credit risk is the risk that, in the event of the failure of the counter party (e.g., broker-dealer) to the transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The Plan's investment policies do not limit the exposure to custodial credit risk for investments.

Pension Plan Fair Value Measurements

The District's retirement system investments are stated at net asset value (NAV) and fair value. The fixed dollar fund is stated at NAV, which is determined based on the total value of all investments in its portfolio minus the value of liabilities. The index bond fund is stated at fair value and is considered a Level 2 investment on the fair value hierarchy. The fixed dollar fund is stated at cost.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 4 PATIENT RECEIVABLES, NET

Patient receivables - net for the District consisted of the following at June 30, 2025:

Gross Accounts Receivable	\$ 45,275,220
Less:	
Contractual Adjustments	(18,854,656)
Provision for Uncollectible Accounts	(9,726,064)
Patient Receivables, Net	<u>\$ 16,694,500</u>

NOTE 5 NET PATIENT SERVICE REVENUE

Net patient service revenue for the District consisted of the following for the year ended June 30, 2025:

Gross Patient Service Revenue	\$ 231,667,372
Less:	
Contractual Adjustments	(116,726,018)
Provision for Uncollectible Accounts	(15,447,684)
Net Patient Service Revenue	<u>\$ 99,493,670</u>

NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025

NOTE 6 CAPITAL ASSETS

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

	Balance July 1, 2024	Additions	Transfers and Retirements	Balance June 30, 2025
Capital Assets not Being Depreciated:				
Land	\$ 1,353,966	\$ -	\$ -	\$ 1,353,966
Construction in Progress	10,521,159	792,082	(224,953)	11,088,288
Total Capital Assets not Being Depreciated	10,293,090	792,082	(224,953)	12,442,254
Capital Assets Being Depreciated:				
Land Improvements	867,086	-	-	867,086
Buildings and Improvements	92,501,922	229,738	(1,298)	92,730,362
Equipment	40,181,100	752,720	183,890	41,117,710
Total Capital Assets Being Depreciated	131,174,600	982,458	182,592	134,715,158
Lease Assets Being Amortized:				
Equipment	638,292	186,488	(22,052)	802,728
SBITAs	9,689,467	-	(72,556)	9,616,911
Total Lease Assets Being Amortized	10,925,304	186,488	(94,608)	10,419,639
Less Accumulated Depreciation for:				
Land Improvements	787,269	4,249	-	791,518
Buildings and Improvements	33,063,258	2,546,158	-	35,609,416
Equipment	34,450,858	1,108,799	(15,625)	35,544,032
Total Accumulated Depreciation	64,718,509	3,659,206	(15,625)	71,944,966
Net Capital Assets Being Depreciated	66,456,091	(2,676,748)	198,217	62,770,192
Less Lease Asset Accumulated Amortization for:				
Equipment	144,737	274,342	(22,052)	397,027
SBITAs	2,423,371	1,265,193	(74,624)	3,613,940
Total Accumulated Amortization	2,538,562	1,539,535	(96,676)	4,010,967
Net Lease Assets Being Amortized	8,386,742	(1,353,047)	2,068	6,408,672
Capital Assets, Net	<u>\$ 85,135,923</u>	<u>\$ (3,237,713)</u>	<u>\$ (24,668)</u>	<u>\$ 81,621,118</u>

Depreciation expense for the year ended June 30, 2025 was \$3,922,501 and is reported with depreciation and amortization expense on the statement of revenues, expenses and changes in net position.

Construction in progress at June 30, 2025 represents the ICU Building Retrofit, Chiller/Condenser Replacement and Pharmacy Building Constructions. The estimated cost to complete this project is \$350 thousand with construction commitments of \$350 thousand as of June 30, 2025, which will be financed with District funds.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 7 LONG-TERM DEBT

Long-term debt consists of the following at June 30, 2025:

	Balance July 1, 2024	Additions	Deletions	Debt Forgiveness	Balance June 30, 2025	Due Within One Year
General Obligation Bonds:						
Direct Placement - 2016 General						
Obligation Refunding Bonds	\$ 14,598,000	\$ -	\$ (761,000)	\$ -	\$ 13,837,000	\$ 817,000
2009 General Obligation Bonds	6,578,060	1,150,000	(1,496,293)	-	6,231,767	354,947
Revenue Bonds:						
Direct Placement - Refunding Revenue						
Bonds, Series 2021A	3,220,000	-	-	-	3,220,000	-
Direct Placement - Refunding						
Revenue Bonds, Series 2021B	7,340,000	-	(670,000)	-	6,670,000	690,000
Subtotal Bonds Payable	31,736,060	1,150,000	(2,927,293)	-	29,958,767	1,861,947
Bond Premiums:						
2009 General Obligation Bonds	165,619	-	(37,644)	-	127,975	-
Total Bonds Payable	31,901,679	1,150,000	(2,964,937)	-	30,086,742	1,861,947
Accreted Interest - 2009 General:						
Obligation Bonds	16,991,065	1,085,705	(804,092)	-	17,272,678	-
Financed Purchases - Direct Borrowings:						
Equipment Purchase	531,894	-	(13,420)	(71,614)	446,860	106,968
Alcon	80,556	-	(23,450)	-	57,106	22,799
7 Medical	27,066	-	(27,066)	-	-	-
Total Financed Purchase Obligations	639,516	-	(63,936)	(71,614)	503,966	129,767
Total Long-Term Debt	49,532,260	2,235,705	(3,832,965)	(71,614)	47,863,386	1,991,714

The terms and due dates of the District's general obligation bonds at June 30, 2025 are as follows:

General Obligation Bonds, 2009 Series

On April 21, 2009, the District issued \$14,464,947 in General Obligation Bonds, 2005 Election, 2009 Series to finance the construction and equipping of an expansion and renovation of the Hospital. The 2009 Bonds consist of two types of bonds, Current Interest Bonds and Capital Appreciation Bonds, issued in the amounts of \$6,320,000 and \$8,144,947, respectively. The Current Interest Bonds maturing through November 1, 2019 have been fully paid. The Term Bond maturing November 1, 2038 was partially extinguished in 2016 using proceeds from the issuance of the 2016 General Obligation Refunding Bond.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 7 LONG-TERM DEBT (CONTINUED)

General Obligation Bonds, 2009 Series (Continued)

Interest on the Capital Appreciation Bonds is accreted annually and paid at maturity. The Capital Appreciation Bonds mature annually commencing on November 1, 2020, through November 1, 2038, in amounts ranging from \$1,020,000 to \$3,420,000, including interest accreted through such maturity dates. The Capital Appreciation Bonds are not subject to redemption prior to their fixed maturity dates.

The District has pledged its tax revenue as security for the General Obligation Bonds, 2009 Series and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

The general obligation bonds are general obligations of the District. The District has the power and is obligated to cause to be levied and collected the annual ad valorem taxes for payment of the bonds and the interest thereon upon all property within the District and without limitation as to rate or amount.

Accreted interest is to be added to the Capital Appreciation Bonds in future years. Principal maturities, which commenced October 2021, and future accreted interest on the Capital Appreciation Bonds, are included in Accreted Interest Payable.

Direct Placements

2016 General Obligation Refunding Bond

On May 12, 2016, the District issued \$17,557,000 in a 2016 General Obligation Refunding Bond, to refinance the General Obligation Bonds, 2005 Series in whole and to pay the term portion of General Obligation Bonds, 2009.

Interest on the 2016 bond is payable semiannually on November 1 and May 1 at a rate of 3.450%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$278,000 to \$1,874,000, are due annually through December 2035.

The District has pledged its tax revenue as security for the 2016 General Obligation Refunding Bond and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

The general obligation bonds are general obligations of the District. The District has the power and is obligated to cause to be levied and collected the annual ad valorem taxes for payment of the bonds and the interest thereon upon all property within the District and without limitation as to rate or amount.

NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025

NOTE 7 LONG-TERM DEBT (CONTINUED)

Direct Placements (Continued)

Refunding Revenue Bonds, Series 2021A

On December 1, 2021, the District issued \$3,220,000 in a Refunding Revenue Bond, Series 2021A, to provide funds to refund, on a current basis, the District's Revenue Bonds, Series 2010 and paying the costs of issuing the 2021A bonds.

Interest on the Refunding Revenue Bonds, Series 2021A is payable semiannually on December 1 and June 1 at a rate of 3.50%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$380,000 to \$980,000, are due annually through December 2036.

The proceeds were used to refund on a current basis \$4,170,000 of the outstanding Series 2010 bonds. The net proceeds of \$4,209,137 (including \$1,065,337 of existing 2010 debt service reserve funds and after payment of \$76,200 in underwriting fees and other issuance costs) were deposited in an irrevocable trust with an escrow agent to provide funds for the future debt service payment on the refunded bonds. As a result, the 2010 Bonds are considered defeased and the liability for those bonds has been removed from the statement of net position. The reacquisition price exceeded the net carrying amount of the old debt by \$39,137. This amount is reported as a deferred outflow of resources and amortized over the remaining life of the refunded debt, which had a shorter remaining life than the refunding debt. The advance refunding reduced its total debt service payments by \$91,241 and to obtain an economic gain (difference between the present values of the debt service payments on the old and new debt) of \$189,091. As a result, the Series 2010 bonds are considered defeased and the liability for those bonds has been removed from the statement of net position.

The District has pledged its gross revenue as security for the Refunding Revenue Bonds, Series 2021A and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment. The District is required to maintain a long-term debt service coverage ratio at the end of each fiscal year that is not less than 1.25 to 1 (or 1.1 to 1, if the District has 75 or more days cash on hand) and provide various reporting under the agreement.

Taxable Refunding Revenue Bonds, Series 2021B

On December 1, 2021 the District issued \$8,625,000 in Taxable Refunding Revenue Bonds, to refund, on an advanced basis, the District's Revenue Bonds, Series 2013 and paying the cost of issuing the 2021B Bonds.

Interest on Taxable Refunding Revenue Bonds, Series 2021B is payable semiannually on December 1 and June 1 at rates ranging from 2.93% to 3.200%. Mandatory sinking fund deposits to retire the bonds on their term maturity dates, ranging from \$505,000 to \$860,000, are due annually through December 2033.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 7 LONG-TERM DEBT (CONTINUED)

Direct Placements (Continued)

Taxable Refunding Revenue Bonds, Series 2021B (Continued)

The proceeds were used to advance refund \$8,360,000 of the outstanding Series 2013 bonds. The net proceeds of \$9,011,315 (including \$587,785 of existing 2013 debt service reserve funds and after payment of \$201,470 in underwriting fees and other issuance costs) were deposited in an irrevocable trust with an escrow agent to provide funds for the future debt service payment on the refunded bonds. As a result, the 2013 Bonds are considered defeased and the liability for those bonds has been removed from the statement of net position. The reacquisition price exceeded the net carrying amount of the old debt by \$555,251. This amount is reported as a deferred outflow of resources and amortized over the remaining life of the refunded debt, which had a shorter remaining life than the refunding debt. The advance refunding reduced its total debt service payments by \$189,723 and to obtain an economic loss (difference between the present values of the debt service payments on the old and new debt) of \$154,639. As a result, the Series 2013 bonds are considered defeased and the liability for those bonds has been removed from the statement of net position.

The District has pledged its gross revenue as security for the Refunding Revenue Bonds, Series 2021B and these obligations contain a provision that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment. The District is required to maintain a long-term debt service coverage ratio at the end of each fiscal year that is not less than 1.25 to 1 (or 1.1 to 1, if the District has 75 or more days cash on hand) and provide various reporting under the agreement.

Defeased Debt

At June 30, 2025, \$9,890,000 of the Series 2021 defeased revenue bonds remain outstanding.

Direct Borrowings

Financed Purchases

Finance obligations to Ascension Capital for 3C Cares are due in total monthly installments of \$5,447 in October 2021 through 2025, including interest at 2.500%.

Finance obligations are secured by equipment and contain provisions that in an event of default, the outstanding amounts become immediately due if the District is unable to make a payment.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 7 LONG-TERM DEBT (CONTINUED)

Direct Borrowings (Continued)

Purchase Agreement

Purchase agreement with Stryker Mako with an original principal amount of \$750,000, with payments due in annual installments of \$119,936 due March 2023 through 2029, including interest at 2.900%.

Scheduled principal and interest payments on long-term debt are as follows:

Year Ending June 30,	General Obligation Bonds		Revenue Bonds		Direct Borrowings		Totals	
	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest
2026	\$ 1,171,947	\$ 1,397,429	\$ 690,000	\$ 315,100	\$ 129,767	\$ 15,306	\$ 1,991,714	\$ 1,727,835
2027	1,232,891	1,503,299	710,000	292,700	134,037	11,036	2,076,928	1,807,035
2028	1,328,490	1,576,789	735,000	269,580	126,508	6,800	2,189,998	1,853,169
2029	1,363,759	1,730,192	755,000	245,740	113,654	3,383	2,232,413	1,979,315
2030	1,545,676	1,742,362	780,000	221,180	-	-	2,325,676	1,963,542
2031-2035	9,682,353	10,153,621	4,295,000	705,618	-	-	13,977,353	10,859,239
2036-2040	3,743,651	10,455,003	1,925,000	67,988	-	-	5,668,651	10,522,991
2041-2045	-	-	-	-	-	-	-	-
Subtotal	<u>\$ 20,068,767</u>	<u>\$ 28,558,695</u>	<u>\$ 9,890,000</u>	<u>\$ 2,117,906</u>	<u>\$ 503,966</u>	<u>\$ 36,525</u>	<u>30,462,733</u>	<u>\$ 30,713,126</u>
Premium on Bonds							127,975	
Accreted Interest							17,272,678	
Total							<u>\$ 47,863,386</u>	

Under the terms of the revenue bonds and general obligation bonds agreements, the District is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use in the financial statements. The loan agreement also places limits on the incurrence of additional borrowings and requires that the District satisfy certain measures of financial performance.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 8 LEASES AND SBITAS

Lease obligations and receivables consist of the following for the year ended June 30, 2025:

	Balance July 1, 2024	Additions	Deletions	Balance June 30, 2025	Due Within One Year
Lease Liabilities	\$ 511,366	\$ 186,488	\$ (269,021)	\$ 428,833	\$ 186,100
Lease Receivables	\$ 44,470	\$ -	\$ (25,056)	\$ 19,414	\$ 19,414

Total future minimum lease payments under lease agreements are as follows:

<u>Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2026	\$ 186,100	\$ 17,815	\$ 203,915
2027	118,815	8,975	127,790
2028	107,521	2,979	110,500
2029	16,397	130	16,527
Total Minimum Lease Payments	<u>\$ 428,833</u>	<u>\$ 29,899</u>	<u>\$ 458,732</u>

SBITA obligations consist of the following for the year ended June 30, 2025:

	Balance July 1, 2024	Additions	Deletions	Balance June 30, 2025	Due Within One Year
SBITA Liabilities	\$ 7,434,715	\$ -	\$ (1,199,596)	\$ 6,235,119	\$ 1,238,931

Total future minimum payments under SBITA agreements are as follows:

<u>Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2026	\$ 1,238,931	\$ 164,366	\$ 1,403,297
2027	1,224,690	128,134	1,352,824
2028	1,248,637	91,427	1,340,064
2029	1,269,312	53,920	1,323,232
2030	1,224,526	17,558	1,242,084
Thereafter	29,023	649	29,672
Total Minimum Lease Payments	<u>\$ 6,235,119</u>	<u>\$ 456,054</u>	<u>\$ 6,691,173</u>

NOTE 9 RETIREMENT PLANS

Defined Benefit Plan - Plan Description

The District sponsors a single-employer defined benefit pension plan for employees over age 21 with at least one year of service. The plan is governed by the District's board of directors, which may amend benefits and other plan provisions, and which is responsible for the management of plan assets. The primary factors affecting the benefits earned by participants in the pension plan are employees' years of service and compensation levels. A separate financial report is not prepared for the plan.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 9 RETIREMENT PLANS (CONTINUED)

Benefits Provided

The District provides service retirement and pre-retirement death benefits to plan members, who must be District employees and beneficiaries. Benefits are based on years of credited service, equal to one year of full- time employment. Members with five years of total service are eligible to retire at age 55 with statutorily reduced benefits. All members are eligible for pre-retirement death benefits after five years of service. The benefit vesting schedule is 50% vesting after five years, increasing 10% per year to 100% vested after 10 years of service. The Plan was closed to new entrants effective January 1, 2013.

Active participants automatically become 100% vested upon attainment of normal retirement age or if they become totally and permanently disabled.

The Plan's provisions and benefits in effect at June 30, 2025 are summarized as follows:

Hire Date	Prior to January 1, 2013
Benefit Payments	Life Annuity or Lump Sum
Retirement Age	65 to 70 Years
Monthly Benefits, as a % of Eligible Compensation	2.5%, Not Less Than \$600
Required Employer Contribution Rates	55.0%
Required Employee Contribution Rates	3.5%

Employees covered at December 31, 2024, by the benefit terms for the Plan are as follows:

Inactive Employees or Beneficiaries Currently	
Receiving Benefits	21
Inactive Employees Entitled to but Not Yet	
Receiving Benefits	64
Active Employees	71
Total	<u>156</u>

Contributions

The employer contribution rates are determined on an annual basis by the actuary and shall be effective on July 1 following notice of a change in the rate. Funding contributions for the Plan are determined annually on an actuarial basis as of January 1 by the Plan. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. For the year ended June 30, 2025, the employer contribution was \$5,120,561.

Rate of Return

For the year ended December 31, 2024, the annual money-weighted rate of return on pension plan investments, net of pension plan investment expense, was 10.48%. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 9 RETIREMENT PLANS (CONTINUED)

Concentration of Credit Risk

The Plan's policy does not limit the percentage of any asset in the Plan portfolio. The composition of plan assets consisted of the following at December 31, 2024:

<u>Asset Allocation</u>	<u>Percent of Total Plan Assets</u>
Cash and Cash Equivalents	28.0 %
Mutual Funds	72.0
Total	<u>100.0 %</u>

Net Pension Liability

The District's net pension liability was measured as of December 31, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial as of December 31, 2024.

Actuarial Assumptions - The total pension liability in the January 1, 2024 actuarial valuation were determined using the following actuarial assumptions:

Valuation Date	January 1, 2024
Measurement Date	December 31, 2024
Actuarial Cost Method	Entry-Age Normal Cost Method
Actuarial Assumptions:	
Discount Rate	6.25%
Projected Salary Increase	5.25%
Investment Rate of Return	6.25%

Mortality rates for pre-retirement were based on the RP-2014 scale adjusted to 2006 Total Dataset Mortality Table projected to the valuation date with Scale MP-2021. Mortality rates for post-retirement (Lump-Sum) were based date of participation (DOP). DOP before July 1, 2009 based on the 1984 Uninsured Pensioner Mortality Table (UP) set back four years. DOP on or after July 1, 2009 based on the RP-2000 Table for Males set back four years.

The long-term expected rate of return on plan investments was determined using a building block method which best estimate ranges of expected future real rates of return (expected return, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The table below reflects geometric average real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These geometric rates of return are net of administrative expenses.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 9 RETIREMENT PLANS (CONTINUED)

Net Pension Liability (Continued)

<u>Asset Class</u>	<u>Asset Allocation</u>	<u>Long-Term Expected Real Rate of Return</u>
Large Cap	41.00 %	4.52 %
Mid/Small Cap	30.00	2.52
International	22.00	5.44
Specialty/Alts	7.00	3.12
Total	<u>100.00 %</u>	

Discount Rate – The discount rate used to measure the total pension liability was 6.25% for the plan. The project of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that the District's contributions will be made at rates equal to the difference between actuarially determined contribution rates and the employee rate. 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 active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Changes in the Net Pension Liability

The changes in the net pension liability for the plan are as follows:

		<u>Increase (Decrease)</u>	
	<u>Total Pension Liability</u>	<u>Plan Fiduciary Net Position</u>	<u>Net Pension Liability(Asset)</u>
Balance at June 30, 2024	\$ 45,098,357	\$ 12,152,002	\$ 32,946,355
Changes in the Year:			
Service Cost	979,570	-	979,570
Interest on Total Pension Liability	2,822,935	-	2,822,935
Differences between Expected and Actual Experience	2,220,539	-	2,220,539
Change of Assumptions	-	-	-
Contribution - Employer	-	5,120,561	(5,120,561)
Contribution - Member	-	472,648	(472,648)
Net Investment Income	-	1,507,690	(1,507,690)
Benefit Payments Including Refunds of Member Contributions	(1,849,968)	(1,849,968)	-
Administrative Expense	-	(5,758)	5,758
Net Changes	<u>4,173,076</u>	<u>5,245,173</u>	<u>(1,072,097)</u>
Balance at June 30, 2025	<u>\$ 49,271,433</u>	<u>\$ 17,397,175</u>	<u>\$ 31,874,258</u>

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 9 RETIREMENT PLANS (CONTINUED)

Changes in the Net Pension Liability (Continued)

Sensitivity of the Net Pension Liability to Changes in the Discount Rate – The following presents the net pension liability of the District calculated using the discount rate of 6.25%, as well as what the District's net pension liability would be if it were calculated using a discount rate that is 1 percentage-point lower or 1 percentage-point higher than the current rate.

	1% Decrease (5.25%)	Current Discount Rate (6.25%)	1% Increase (7.25%)
District Net Pension Liability	<u>\$ 38,463,231</u>	<u>\$ 31,874,258</u>	<u>\$ 26,395,675</u>

Pension Expenses and Deferred Outflows/Inflows of Resources Related to Pensions

For the fiscal year ended June 30, 2025, the District recognized pension expense of \$3,292,750. At June 30, 2025, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflow of Resources
Differences Between Expected and Actual Experience	\$ 4,834,774	\$ -
Changes of Assumptions	2,578,617	(8,740,164)
Net Differences Between Projected and Actual Earnings on Plan Investments	59,639	-
Contributions Made Subsequent to the Measurement Date	1,920,000	-
Total	<u>\$ 9,393,030</u>	<u>\$ (8,740,164)</u>

Amounts reported as deferred outflows and deferred inflows of resources related to pensions will be recognized in future pension expense as follows:

<u>Year Ending June 30,</u>	<u>Amount</u>
2026	\$ (196,546)
2027	(752,355)
2028	(86,180)
2029	(62,772)
Total	<u>\$ (1,097,853)</u>

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 9 RETIREMENT PLANS (CONTINUED)

Defined Contribution Plan – Plan Description

The District sponsors and contributes to the Northern Inyo County Local Hospital District 401(a) Retirement Plan (NICLHD), a defined contribution pension plan, for its employees. The plan covers its employees who have attained the age of 21 years and were not a participant in the District's defined benefit plan prior to January 1, 2013, and completed of one year of service. NICLHD is administered by the District.

Benefit terms, including contribution requirements, for NICLHD are established and may be amended by the District's board of directors. Beginning August 1, 2023 for each employee in the pension plan, the District is required to match up to 3.5% of contributions elected by employees who are allowed to contribute to the plan. Employees are not permitted to make contributions to the pension plan. The District does not contribute to this plan if an employee does not elect to contribute. For the year ended June 30, 2025, the District made employer contributions in the amount of \$762,142.

Each participant shall have a nonforfeitable and vested right to his or her account for each year of service completed while an employee of the employer, in accordance with the following schedule:

<u>Years</u>	<u>Nonforfeitable Percentage</u>
5	50.0 %
6	60.0
7	70.0
8	80.0
9	90.0
10 or more	100.0

NOTE 10 RISK MANAGEMENT

The District is exposed to various risks of loss related to medical malpractice; torts; theft of, damage to, and destruction of assets; errors and omissions; injuries of employees; and natural disasters.

The District's comprehensive general liability insurance covers losses of up to \$20,000,000 per claim with \$30,000,000 annual aggregate for occurrence basis during a policy year regardless of when the claim was filed (occurrence-based coverage).

The District's professional liability insurance covers losses up to \$3,000,000 per claim with \$3,000,000 annual aggregate for claims reported during a policy year (claims-made coverage). Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the District.

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 10 RISK MANAGEMENT (CONTINUED)

Although there exists the possibility of claims arising from services provided to patients through June 30, 2025, which have not yet been asserted, the District is unable to determine the ultimate cost, if any, of such possible claims, and accordingly no provision has been made for them. Settled claims have not exceeded commercial coverage in any of the three preceding years.

The District is a participant in the Association of California Healthcare Districts' ALPHA Fund, which administers a self-insured workers' compensation plan for participating member hospitals and their employees. The District pays a premium to the ALPHA Fund; the premium is adjusted annually. If participation in the ALPHA Fund were terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the ALPHA Fund.

NOTE 11 SELF-INSURED HEALTHCARE PLAN

The District has a self-funded health care plan that provides medical and dental benefits to employees and their dependents. Employees share in the cost of health benefits. Health care expense is based on actual claims paid, reinsurance premiums, administration fees, and unpaid claims at year-end. The District buys reinsurance to cover catastrophic individual claims over \$215,000. The District records a liability for claims incurred but not reported that is recorded in accrued payroll and related liabilities in the accompanying statements of net position.

<u>Year</u>	<u>Beginning Liability</u>	<u>Current Year Claims and Changes in Estimates</u>	<u>Claim Payments</u>	<u>Ending Liability</u>
2024	\$ (749,280)	\$ (12,777,176)	\$ 12,679,129	\$ (847,327)
2025	(847,327)	(10,170,404)	10,296,711	(721,020)

NOTE 12 CONCENTRATION OF CREDIT RISK

The District grants credit without collateral to its patients, 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	21.6 %
MediCal	9.6
Other Third-Party Payors	48.4
Patients	20.4
Total	<u>100.0 %</u>

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 13 CONTINGENCIES

Malpractice Insurance

The District has malpractice insurance coverage to provide protection for professional liability losses on claims-made basis subject to a limit of \$6 million per claim and an annual aggregate limit of \$20 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

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 or operating activities, some of which could be material. In the opinion of management, the ultimate settlement of litigation, claims, and disputes will not be material to the financial position, operations, or cash flows of the District.

The healthcare 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 Department of Health and Human Services (HHS) and the Medicare and Medi-Cal programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by healthcare providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025

NOTE 14 CONDENSED COMBINING INFORMATION

Statement of net position as of June 30, 2025:

	Hospital	Foundation	Auxiliary	Total
Assets and Deferred Outflows of Resources				
Assets:				
Current Assets	\$ 56,606,465	\$ 246,406	\$ 90,673	\$ 56,943,544
Capital Assets, Net	81,621,118	-	-	81,621,118
Other Assets	2,205,280	-	-	2,205,280
Total Assets	140,432,863	246,406	90,673	140,769,942
Deferred Outflows of Resources:	10,160,352	-	-	10,160,352
Total Assets and Deferred Outflows of Resources	150,593,215	246,406	90,673	150,930,294
Liabilities, Deferred Inflows of Resources, and Net Position				
Liabilities:				
Current Liabilities	11,707,980	-	-	11,707,980
Long-Term Liabilities	82,984,851	-	-	82,984,851
Total Liabilities	94,692,831	-	-	94,692,831
Deferred Inflows of Resources	8,758,790	-	-	8,758,790
Net Position:				
Net Investment in Capital Assets	27,093,780	-	-	27,093,780
Restricted	1,469,292	-	-	1,469,292
Unrestricted	18,578,522	246,406	90,673	18,915,601
Total Net Position	47,141,594	246,406	90,673	47,478,673
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 150,593,215	\$ 246,406	\$ 90,673	\$ 150,930,294

Operating results and changes in net position for the year ended June 30, 2025:

	Hospital	Foundation	Auxiliary	Total
OPERATING REVENUES				
Net Patient Service Revenue	\$ 99,493,670	\$ -	\$ -	\$ 99,493,670
Other Operating Revenue	2,519,454	26	66,414	2,585,894
Total Operating Revenues	102,013,124	26	66,414	102,079,564
OPERATING EXPENSES				
Depreciation and Amortization	5,187,694	-	-	5,187,694
Other Operating Expenses	111,896,474	5,146	52,895	111,954,515
Total Operating Expenses	117,084,168	5,146	52,895	117,142,209
OPERATING LOSS	(15,071,044)	(5,120)	13,519	(15,062,645)
NET NONOPERATING REVENUES	20,022,022	42,464	-	20,064,486
Revenues in Excess of (Less Than) Expenses and Change in Net Position	4,950,978	37,344	13,519	5,001,841
Net Position - Beginning of Year	42,190,616	209,062	77,154	42,476,832
NET POSITION - END OF YEAR	\$ 47,141,594	\$ 246,406	\$ 90,673	\$ 47,478,673

**NORTHERN INYO HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025**

NOTE 14 CONDENSED COMBINING INFORMATION (CONTINUED)

Statement of cash flows as of June 30, 2025:

	Hospital	Foundation	Auxiliary	Total
Net Cash Provided (Used) by Operating Activities	\$ (13,183,502)	\$ (5,120)	\$ 13,519	\$ (13,175,103)
Net Cash Provided (Used) by Noncapital Financing Activities	19,509,559	21,464	-	19,531,023
Net Cash Provided (Used) by Capital and Capital Related Financing Activities	(4,381,269)	-	-	(4,381,269)
Net Cash Provided (Used) by Investing Activities	45,002	21,000	-	66,002
NET CHANGE IN CASH AND CASH EQUIVALENTS	1,989,790	37,344	13,519	2,040,653
Cash and Cash Equivalents - Beginning of Year	28,476,140	209,062	77,154	28,762,356
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 30,465,930</u>	<u>\$ 246,406</u>	<u>\$ 90,673</u>	<u>\$ 30,803,009</u>

NOTE 15 RELATED PARTY TRANSACTIONS

In the ordinary course of business, the District has and expects to continue to have transactions with its employees and elected officials. In the opinion of management, such transactions were on substantially the same terms, including interest rates and collateral, as those prevailing at the time of comparable transactions with other persons and did not involve more than a normal risk of collectability or present any other unfavorable features to the District.

NORTHERN INYO HEALTHCARE DISTRICT
SCHEDULE OF CHANGES IN THE NET PENSION LIABILITY AND RELATED RATIOS – PENSION PLAN
LAST TEN FISCAL YEARS

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total Pension Liability:										
Service Cost	\$ 979,570	\$ 1,240,702	\$ 1,376,714	\$ 1,706,921	\$ 1,951,401	\$ 1,781,772	\$ 2,121,997	\$ 2,281,116	\$ 2,812,178	\$ 2,219,985
Interest on the Total Pension Liability	2,822,935	2,346,115	2,183,032	2,179,367	2,298,637	2,694,973	2,726,359	2,805,649	3,053,437	3,047,939
Differences Between Expected and Actual Experience	2,220,539	1,766,631	3,910,725	769,805	880,397	2,640,361	3,016,650	1,343,607	(3,295,677)	1,385,608
Changes in Assumptions	-	(15,685,950)	-	96,057	1,737,567	6,850,017	(84,200)	(185,137)	(417,283)	12,966,856
Benefit Payments	(1,849,968)	(3,924,140)	(2,603,583)	(6,023,511)	(13,117,516)	(8,053,422)	(8,082,821)	(5,554,354)	(7,575,753)	(8,213,871)
Net Change in Total Pension Liability	4,173,076	(14,256,642)	4,866,888	(1,271,361)	(6,249,514)	5,913,701	(302,015)	690,881	(5,423,098)	11,406,517
Total Pension Liability - Beginning	45,098,357	59,354,999	54,488,111	55,759,472	62,008,986	56,095,285	56,397,300	56,575,151	61,998,249	50,591,732
Total Pension Liability - Ending (a)	\$ 49,271,433	\$ 45,098,357	\$ 59,354,999	\$ 54,488,111	\$ 55,759,472	\$ 62,008,986	\$ 56,095,285	\$ 57,266,032	\$ 56,575,151	\$ 61,998,249
Plan Fiduciary Net Position:										
Contributions - Employer	\$ 5,120,561	\$ 5,331,816	\$ 7,403,934	\$ 347,300	\$ 3,000,000	\$ 5,242,000	\$ 6,300,000	\$ 5,340,000	\$ 5,340,000	\$ 3,900,000
Contributions - Member	472,648	-	-	-	-	-	-	-	-	-
Net Investment Income (Loss)	1,507,690	(1,336,658)	817,781	2,082,706	(746,702)	1,893,587	(116,063)	(292,381)	(126,769)	880,376
Benefit Payments	(1,849,968)	(3,924,140)	(2,603,583)	(6,023,511)	(13,117,516)	(8,053,422)	(8,082,821)	(5,554,354)	(7,575,753)	(8,213,871)
Administrative Expense	(5,758)	(16,352)	(58,167)	(57,983)	(54,472)	(58,625)	(64,562)	(88,502)	(55,640)	(51,336)
Net Change in Plan Fiduciary Net Position	5,245,173	54,666	5,559,965	(3,651,488)	(10,918,690)	(976,460)	(1,963,446)	(595,237)	(2,418,162)	(3,484,831)
Plan Fiduciary Net Position - Beginning	12,152,002	12,097,336	6,537,371	10,188,859	21,107,549	22,084,009	24,047,455	26,087,619	28,505,781	31,990,612
Plan Fiduciary Net Position - Ending (b)	17,397,175	12,152,002	12,097,336	6,537,371	10,188,859	21,107,549	22,084,009	25,492,382	26,087,619	28,505,781
Net Pension Liability - Ending (a)-(b)	\$ 31,874,258	\$ 32,946,355	\$ 47,257,663	\$ 47,950,740	\$ 45,570,613	\$ 40,901,437	\$ 34,011,276	\$ 31,773,650	\$ 30,487,532	\$ 33,492,468
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability										
Covered Payroll	\$ 8,545,281	\$ 8,563,359	\$ 8,609,073	\$ 9,243,630	\$ 9,302,388	\$ 10,780,522	\$ 11,537,345	\$ 12,968,106	\$ 13,529,712	\$ 15,892,425
Net Pension Liability as Percentage of Covered Payroll	373.00 %	384.74 %	548.93 %	518.74 %	489.88 %	379.40 %	294.79 %	245.01 %	225.34 %	210.74 %
Measurement Date	December 31, 2024	December 31, 2023	December 30, 2022	December 30, 2021	December 31, 2020	December 31, 2019	December 31, 2018	December 31, 2017	December 31, 2016	December 31, 2015

**NORTHERN INYO HEALTHCARE DISTRICT
SCHEDULE OF CONTRIBUTIONS – PENSION PLAN
LAST TEN FISCAL YEARS**

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Actuarially Determined Contribution	\$ 3,504,078	\$ 4,730,922	\$ 4,960,082	\$ 9,056,000	\$ 7,752,000	\$ 6,072,000	\$ 5,484,000	\$ 4,716,000	\$ 5,340,000	\$ 3,900,000
Contributions in Relation to the Actuarially Determined Contributions	3,650,635	4,743,446	5,973,722	5,599,234	3,000,000	5,500,000	6,060,000	5,340,000	5,340,000	3,900,000
Contribution Deficiency (Excess)	<u>\$ (146,557)</u>	<u>\$ (12,524)</u>	<u>\$ (1,013,640)</u>	<u>\$ 3,456,766</u>	<u>\$ 4,752,000</u>	<u>\$ 572,000</u>	<u>\$ (576,000)</u>	<u>\$ (624,000)</u>	<u>\$ -</u>	<u>\$ -</u>
Covered Payroll	\$ 8,545,281	\$ 8,563,359	\$ 8,609,073	\$ 9,243,630	\$ 9,302,388	\$ 10,780,522	\$ 11,537,345	\$ 12,968,106	\$ 13,529,712	\$ 15,892,425
Contributions as a Percentage of Covered Payroll	42.72 %	55.39 %	69.39 %	60.57 %	32.25 %	51.02 %	52.53 %	41.18 %	39.47 %	24.54 %

Notes to Schedule:

Valuation Date

January 1, 2025

Methods and Assumptions Used to Determine Contribution Rates

Actuarial Cost Method
Amortization Method
Remaining Amortization Period
Asset Valuation Method
Inflation
Salary Increases
Investment Rate of Return
Retirement Age

Entry Age Normal Cost Method
Level Percent of Payroll
15 Years
Market Value
2.40%
5.25%, Including Inflation
6.25%
65 or 70

DRAFT

**NORTHERN INYO HEALTHCARE DISTRICT
SCHEDULE OF INVESTMENT RETURNS – PENSION PLAN
LAST TEN FISCAL YEARS**

	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Annual Money-Weighted Rate of Return, Net of Investment Expense	10.48%	(10.45)%	9.33 %	36.17 %	(4.36)%	8.74 %	(0.47)%	(1.16)%	(0.48)%	3.11 %

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**NORTHERN INYO HEALTHCARE DISTRICT
COMBINING STATEMENT OF NET POSITION
JUNE 30, 2025**

Assets and Deferred Outflows of Resources	<u>Hospital</u>	<u>Foundation</u>	<u>Auxiliary</u>	<u>Total</u>
Current Assets:				
Cash and Investments	\$ 28,260,650	\$ 246,406	\$ 90,673	\$ 28,597,729
Receivables:				
Patient, Net of Estimated Uncollectibles	16,694,500	-	-	16,694,500
Leases Receivable	19,414			19,414
Other Receivables	5,144,059	-	-	5,144,059
Inventory	5,334,240	-	-	5,334,240
Prepaid Expenses and Other Assets	1,153,602	-	-	1,153,602
Total Current Assets	<u>56,606,465</u>	<u>246,406</u>	<u>90,673</u>	<u>56,943,544</u>
Noncurrent Cash and Investments:				
Restricted for Specific Operating Purposes and Capital Improvements	1,469,292	-	-	1,469,292
Long Term Investments	735,988	-	-	735,988
Total Noncurrent Cash and Investments	<u>2,205,280</u>	<u>-</u>	<u>-</u>	<u>2,205,280</u>
Capital Assets:				
Capital Assets not Being Depreciated/Amortized	12,442,254	-	-	12,442,254
Capital Assets Being Depreciated/Amortized, Net	69,178,864	-	-	69,178,864
Total Capital Assets	<u>81,621,118</u>	<u>-</u>	<u>-</u>	<u>81,621,118</u>
Total Assets	140,432,863	246,406	90,673	140,769,942
Deferred Outflows of Resources:				
Deferred Outflows Related to Pensions	9,393,030	-	-	9,393,030
Deferred Outflows Related to Refunding	297,382	-	-	297,382
Deferred Outflows Related to Acquisition	469,940	-	-	469,940
Total Deferred Outflows of Resources	<u>10,160,352</u>	<u>-</u>	<u>-</u>	<u>10,160,352</u>
Total Assets and Deferred Outflows of Resources	<u>\$ 150,593,215</u>	<u>\$ 246,406</u>	<u>\$ 90,673</u>	<u>\$ 150,930,294</u>

NORTHERN INYO HEALTHCARE DISTRICT
COMBINING STATEMENT OF NET POSITION (CONTINUED)
JUNE 30, 2025

Liabilities, Deferred Inflows of Resources, and Net Position	<u>Hospital</u>	<u>Foundation</u>	<u>Auxiliary</u>	<u>Total</u>
Current Liabilities:				
Current Maturities of Long-Term Debt	\$ 1,991,714	\$ -	\$ -	\$ 1,991,714
Current Maturities Related to Leases	186,100	-	-	186,100
Current Maturities Related to SBITA's	1,238,931	-	-	1,238,931
Other Liabilities	341,930	-	-	341,930
Accounts Payable:				
Trade	4,793,082	-	-	4,793,082
Accrued Expenses:				
Salaries and Wages	2,810,076	-	-	2,810,076
Interest and Sales Taxes	89,554	-	-	89,554
Self-Insurance Claims	1,062,591	-	-	1,062,591
Unearned Revenue	35,314	-	-	35,314
Estimated Third-Party Payor Settlements	(841,312)	-	-	(841,312)
Total Current Liabilities	<u>11,707,980</u>	<u>-</u>	<u>-</u>	<u>11,707,980</u>
Lease Liability, Less Current Maturities	242,733	-	-	242,733
SBITA Liability, Less Current Maturities	4,996,188	-	-	4,996,188
Long-Term Debt, Less Current Maturities	45,871,672	-	-	45,871,672
Net Pension Liability	<u>31,874,258</u>	<u>-</u>	<u>-</u>	<u>31,874,258</u>
Total Liabilities	94,692,831	-	-	94,692,831
Deferred Inflows of Resources:				
Deferred Inflows Related to Pensions	8,740,164	-	-	8,740,164
Deferred Inflows Related to Lease Receivables	18,626	-	-	18,626
Total Deferred Inflows of Resources	<u>8,758,790</u>	<u>-</u>	<u>-</u>	<u>8,758,790</u>
Net Position:				
Net Investment in Capital Assets	27,093,780	-	-	27,093,780
Restricted:				
Programs	25,142	-	-	25,142
Capital Improvements	1,444,150	-	-	1,444,150
Unrestricted:	<u>18,578,522</u>	<u>246,406</u>	<u>90,673</u>	<u>18,915,601</u>
Total Net Position	<u>47,141,594</u>	<u>246,406</u>	<u>90,673</u>	<u>47,478,673</u>
Total Liabilities, Deferred Inflows of Resources, and Net Position	<u>\$ 150,593,215</u>	<u>\$ 246,406</u>	<u>\$ 90,673</u>	<u>\$ 150,930,294</u>

**NORTHERN INYO HEALTHCARE DISTRICT
COMBINING STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
YEAR ENDED JUNE 30, 2025**

	Hospital	Foundation	Auxiliary	Total
Operating Revenues:				
Net Patient Service Revenue	\$ 99,493,670	\$ -	\$ -	\$ 99,493,670
Other Revenue	2,519,454	26	66,414	2,585,894
Total Operating Revenues	102,013,124	26	66,414	102,079,564
Operating Expenses:				
Salaries and Wages	46,893,192	15,064	-	46,908,256
Employee Benefits	16,868,410	11,042	-	16,879,452
Professional Fees and Purchased Services	19,694,702	750	-	19,695,452
Supplies	12,811,274	1,158	-	12,812,432
Purchased Services	6,929,502	-	-	6,929,502
Depreciation and Amortization	5,187,694	-	-	5,187,694
Other	8,699,394	(22,868)	52,895	8,729,421
Total Operating Expenses	117,084,168	5,146	52,895	117,142,209
OPERATING INCOME (LOSS)	(15,071,044)	(5,120)	13,519	(15,062,645)
Nonoperating Revenues (Expenses):				
Property Tax for Operations	987,050	-	-	987,050
Property Tax for Debt Service	2,170,208	-	-	2,170,208
Investment Income	(4,890)	21,000	-	16,110
Interest Expense	(1,753,903)	-	-	(1,753,903)
Gain (Loss) on Sale of Assets	4,598	-	-	4,598
Noncapital Contributions and Grants	14,623,860	21,464	-	14,645,324
Rental Income	24,836	-	-	24,836
Miscellaneous Income (Expense)	3,970,263	-	-	3,970,263
Net Nonoperating Revenues	20,022,022	42,464	-	20,064,486
CHANGE IN NET POSITION	4,950,978	37,344	13,519	5,001,841
Net Position - Beginning of Year	42,190,616	209,062	77,154	42,476,832
NET POSITION - END OF YEAR	\$ 47,141,594	\$ 246,406	\$ 90,673	\$ 47,478,673

**NORTHERN INYO HEALTHCARE DISTRICT
COMBINING STATEMENT OF CASH FLOWS
YEAR ENDED JUNE 30, 2025**

	Hospital	Foundation	Auxiliary	Total
CASH FLOWS FROM OPERATING ACTIVITIES				
Receipts from and on Behalf of Patients	\$ 98,272,460	\$ -	\$ -	\$ 98,272,460
Payments to Suppliers and Contractors	(36,591,674)	21,710	(52,895)	(36,622,859)
Payments to and on Behalf of Employees	(66,654,458)	(26,106)	-	(66,680,564)
Other Receipts and Payments, Net	(8,209,830)	(724)	66,414	(8,144,140)
Net Cash Provided (Used) by Operating Activities	(13,183,502)	(5,120)	13,519	(13,175,103)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES				
Noncapital Contributions and Grants	14,623,860	21,464	-	14,645,324
Property Taxes Received	987,050	-	-	987,050
Other	3,898,649	-	-	3,898,649
Net Cash Provided by Noncapital Financing Activities	19,509,559	21,464	-	19,531,023
CASH FLOWS FROM CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES				
Principal Payments on Long-Term Debt	(3,832,965)	-	-	(3,832,965)
Interest Paid	461,409	-	-	461,409
Purchase and Construction of Capital Assets	(1,711,304)	-	-	(1,711,304)
Payments on Lease Liability	(269,021)	-	-	(269,021)
Payments on Subscription Liability	(1,199,596)	-	-	(1,199,596)
Property Taxes Received	2,170,208	-	-	2,170,208
Net Cash Used by Capital and Capital Related Financing Activities	(4,381,269)	-	-	(4,381,269)
CASH FLOWS FROM INVESTING ACTIVITIES				
Investment Income	(4,890)	21,000	-	16,110
Rental Income	49,892	-	-	49,892
Net Cash Provided by Investing Activities	45,002	21,000	-	66,002
NET CHANGE IN CASH AND CASH EQUIVALENTS	1,989,790	37,344	13,519	2,040,653
Cash and Cash Equivalents - Beginning of Year	28,476,140	209,062	77,154	28,762,356
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 30,465,930</u>	<u>\$ 246,406</u>	<u>\$ 90,673</u>	<u>\$ 30,803,009</u>

**NORTHERN INYO HEALTHCARE DISTRICT
COMBINING STATEMENT OF CASH FLOWS (CONTINUED)
YEAR ENDED JUNE 30, 2025**

	Hospital	Foundation	Auxiliary	Total
RECONCILIATION OF CASH AND CASH EQUIVALENTS TO THE STATEMENT OF NET POSITION				
Cash and Investments in Current Assets	\$ 28,260,650	\$ 246,406	\$ 90,673	\$ 28,597,729
Cash and Investments in Noncurrent Cash and Investments	2,205,280	-	-	2,205,280
Total Cash and Cash Equivalents	<u>30,465,930</u>	<u>246,406</u>	<u>90,673</u>	<u>30,803,009</u>
RECONCILIATION OF OPERATING LOSS TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES				
Operating Loss	(15,071,044)	(5,120)	13,519	(15,062,645)
Adjustments to Reconcile Operating Income to Net Cash				
Provided (Used) by Operating Activities				
Depreciation and Amortization	5,187,694	-	-	5,187,694
Pension Expense	3,621,047	-	-	3,621,047
Provision for Bad Debts	15,447,684	-	-	15,447,684
(Increase) Decrease in Assets:				
Patient Receivables	(14,189,898)	-	-	(14,189,898)
Other Receivables	(2,028,087)	-	-	(2,028,087)
Inventory	1,679,927	-	-	1,679,927
Prepaid Expenses	(39,498)	-	-	(39,498)
Deferred Outflow of Resources	4,489,427	-	-	4,489,427
Increase (Decrease) in Liabilities:				
Accounts Payable	1,216,998	-	-	1,216,998
Estimated Third-Party Payor Settlements	(2,478,996)	-	-	(2,478,996)
Accrued Expenses	(2,460,478)	-	-	(2,460,478)
Other Liabilities	(48,937)	-	-	(48,937)
Net Pension Liability	(4,693,144)	-	-	(4,693,144)
Deferred Inflow of Resources	(3,816,197)	-	-	(3,816,197)
Net Cash Provided (Used) by Operating Activities	<u>\$ (13,183,502)</u>	<u>\$ (5,120)</u>	<u>\$ 13,519</u>	<u>\$ (13,175,103)</u>
SUPPLEMENTAL DISCLOSURE OF NONCASH CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES				
Gain on Extinguishment of Debt	<u>\$ 71,614</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 71,614</u>
Lease Assets Received in Exchange for Lease Liability	<u>\$ 186,488</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 186,488</u>

**NORTHERN INYO HEALTHCARE DISTRICT
STATISTICAL INFORMATION
LAST EIGHT YEARS**

	2025	2024	2023	2022	2021	2020	2019	2018
Bed Complement								
Medical/Surgical	12	12	11	11	11	11	11	11
Prenatal/Obstetrics	5	5	6	6	6	6	6	6
Pediatric	4	4	4	4	4	4	4	4
Intensive Care	4	4	4	4	4	4	4	4
Total Licensed Bed Capacity	25	25	25	25	25	25	25	25
Utilization								
License Beds	25	25	25	25	25	25	25	25
Patient Days	2,887	2,562	2,458	2,646	2,931	2,968	3,257	3,474
Discharges	1,076	1,048	1,019	993	1,050	1,104	1,037	1,106
Occupancy Percentage	32%	28%	27%	29%	32%	33%	36%	38%
Average Stay (Days)	3	2	2	3	3	3	3	3
Emergency Room Visits	10,219	10,080	9,866	8,730	7,066	8,262	9,153	8,798
Outpatient Visits	47,767	42,374	43,678	44,067	48,938	40,472	38,960	38,651
Medical Staff								
Active	53	51	50	49	50	54	50	53
Consulting	50	33	26	21	25	19	17	17
Honorary	2	2	2	2	2	11	11	11
AHP	14	14	16	16	18	18	12	10
Other - Telemedicine	60	34	38	32	30	33	27	-
Total Practitioners	179	134	132	120	125	135	117	91
Employees								
Full-Time	334	332	329	350	370	361	362	330
Part-Time and Per Diem	125	94	112	104	113	124	131	126
Total Employees	459	426	441	454	483	485	493	456
Full-Time Equivalents	371	356	384	348	349	374	375	393

**NORTHERN INYO HEALTHCARE DISTRICT
STATISTICAL INFORMATION (CONTINUED)
LAST EIGHT YEARS**

Bond Debt Service Cover (Thousands)	2025	2024	2023	2022	2021	2020	2019	2018
Excess (Deficit) of Revenue Over Expenses	\$ 5,002	\$ 5,749	\$ (11,414)	\$ (842)	\$ 8,650	\$ (2,641)	\$ 1,725	\$ 1,696
Add:								
Depreciation Expense	5,188	5,210	5,221	4,161	4,170	4,302	4,267	4,457
Interest Expense	1,754	2,782	2,611	2,616	3,890	2,377	2,912	2,893
Available to Meet Debt Service	<u>\$ 11,943</u>	<u>\$ 13,741</u>	<u>\$ (3,582)</u>	<u>\$ 5,935</u>	<u>\$ 16,710</u>	<u>\$ 4,038</u>	<u>\$ 8,904</u>	<u>\$ 9,046</u>
Actual Debt Service (Principal and Interest):								
2009 General Obligation Bonds	\$ 1,150	\$ 1,015	\$ 1,145	\$ 1,100	\$ 1,020	\$ 860	\$ 1,364	\$ 955
2016 General Obligation Bonds	1,252	1,254	981	1,317	865	1,242	1,178	1,179
2010 Revenue Bonds	1,211	1,211	1,211	1,209	1,204	1,179	765	769
2013 Revenue Bonds	765	765	765	765	769	762	864	814
2021 A Refunding Revenue Bonds	113	113	113	48	-	-	-	-
2021 B Refunding Revenue Bonds	894	905	864	84	-	-	-	-
Financed Purchases	1,547	1,578	20	394	382	-	-	-
Totals	<u>\$ 6,932</u>	<u>\$ 6,841</u>	<u>\$ 5,099</u>	<u>\$ 4,917</u>	<u>\$ 4,240</u>	<u>\$ 4,043</u>	<u>\$ 4,171</u>	<u>\$ 3,717</u>
Historical Debt Service Coverage Ratio	1.72	2.01	(1.15)	1.21	3.94	1.00	2.13	2.43

Details regarding the District's outstanding debt can be found in the notes to the financial statements. General obligation bonds are secured by ad valorem taxes on all property within the District subject to taxation by the District. Revenue bonds are secured by a pledge of revenue set forth under the indenture. The coverage calculations presented in this schedule differ from those required by the 2021A and 2021B bond indentures.