

# Brattleboro Memorial Hospital, Inc.

FINANCIAL STATEMENTS

September 30, 2024 and 2023 With Independent Auditor's Report

# **September 30, 2024 and 2023**

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#### INDEPENDENT AUDITOR'S REPORT

Board of Directors Brattleboro Memorial Hospital, Inc.

#### **Opinion**

We have audited the accompanying financial statements of Brattleboro Memorial Hospital, Inc. (Hospital), a Vermont not-for-profit corporation and wholly owned subsidiary of Southern Vermont Health Services Corporation (SVHSC), which comprise the balance sheet as of September 30, 2024, and the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of September 30, 2024, and the results of its operations, changes in its net assets, and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

## **Basis for Opinion**

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital 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.

#### **Prior Period Financial Statements**

The financial statements of the Hospital as of September 30, 2023 were audited by Berry, Dunn, McNeil & Parker, LLC whose report dated January 26, 2024 expressed an unmodified opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 Hospital's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

## 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 U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to
  fraud or error, and design and perform audit procedures responsive to those risks. Such
  procedures include examining, on a test basis, evidence regarding the amounts and disclosures in
  the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures
  that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the
  effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

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

Portland, Maine August 15, 2025

Registration No. 192-0134133

BDMP Assurance, LLP

# **Balance Sheets**

# **September 30, 2024 and 2023**

# **ASSETS**

	<u>2024</u>	<u>2023</u>
Current assets Cash and cash equivalents Patient and other accounts receivable, net Supplies inventory Other current assets Due from affiliate	\$ 2,215,065 24,531,057 2,542,314 1,067,932	· · ·
Total current assets	30,356,368	26,958,354
Assets limited as to use Internally designated Under bond agreement for capital acquisition Other investments with donor restrictions  Total assets limited as to use  Interest in net assets of Southern Vermont Health Services Corporation (SVHSC)	26,979,576 1,454,750 49,073 28,483,399 969,165	26,583,159 3,471,686 54,154 30,108,999 872,901
Interest rate swaps	318,178	978,264
Property and equipment, net	42,815,739	44,280,200
Right-of-use assets - operating leases, net	523,062	687,307
Total assets	\$ <u>103,465,911</u>	\$ <u>103,886,025</u>

# **LIABILITIES AND NET ASSETS**

	<u>2024</u>	<u>2023</u>
Current liabilities Current portion of long-term debt Current portion of lease liabilities - operating Accounts payable Salaries, wages, and payroll taxes payable Accrued retirement plan contribution Accrued compensated absences Other accrued expenses Deferred revenue Estimated third-party payor settlements Due to affiliate	\$ 14,862,179 175,232 9,024,442 1,502,636 1,547,954 3,348,406 1,732,380 363,932 1,421,818 30,502	167,770 8,121,704 1,114,896 1,547,954 3,208,693 1,569,805 101,192
Total current liabilities	34,009,481	19,586,315
Long-term debt, less current portion	-	14,845,302
Lease liabilities - operating, less current portion	<u>352,107</u>	527,339
Total liabilities	_34,361,588	<u>34,958,956</u>
Net assets Without donor restrictions With donor restrictions	68,086,086 1,018,237	68,000,015 <u>927,054</u>
Total net assets	69,104,323	68,927,069
Total liabilities and net assets	\$ <u>103,465,911</u>	\$ <u>103,886,025</u>

# **Statements of Operations**

# Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Revenues, gains, and other support without donor restrictions Net patient service revenue Fixed prospective revenue Other revenue	\$ 91,223,964 14,653,503 8,027,907	\$ 92,113,201 14,103,473 5,350,672
Total revenues, gains, and other support without donor restrictions	113,905,374	111,567,346
Expenses Salaries, wages, and benefits Supplies and other Contracted services Depreciation and amortization Health care improvement tax Interest expense	65,097,061 22,965,585 20,770,986 3,992,432 6,428,883 815,437	60,892,425 21,024,119 21,211,248 4,411,402 5,758,093 165,295
Total expenses	120,070,384	113,462,582
Operating loss	<u>(6,165,010</u> )	(1,895,236)
Nonoperating gains (losses) Income from investments Other nonoperating income Unrealized (losses) gains on interest rate swaps Net unrealized gains on investments	2,717,992 175,618 (660,086) 3,994,322	9,175 104,300 240,200 3,496,968
Nonoperating gains, net	6,227,846	3,850,643
Excess of revenues, gains, other support, and nonoperating gains (losses) over expenses	62,836	1,955,407
Net assets transferred from SVHSC for capital expenditures  Change in net assets without donor restrictions	23,235 \$ <u>86,071</u>	200,287 \$ <u>2,155,694</u>

# **Statements of Changes in Net Assets**

# Years Ended September 30, 2024 and 2023

	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	<u>Total</u>
Balances, October 1, 2022	\$ <u>65,844,321</u>	\$ <u>857,810</u>	\$ <u>66,702,131</u>
Excess of revenues, gains, other support, and nonoperating gains (losses) over expenses Investment income Change in interest in SVHSC Net assets transferred from SVHSC for capital acquisitions	1,955,407 - - 200,287	4,339 64,905	1,955,407 4,339 64,905 <u>200,287</u>
Change in net assets	2,155,694	69,244	2,224,938
Balances, September 30, 2023	68,000,015	927,054	68,927,069
Excess of revenues, gains, other support, and nonoperating gains (losses) over expenses Investment loss Change in interest in SVHSC Net assets transferred from SVHSC for capital acquisitions	62,836 - - - 23,235	- (5,081) 96,264 -	62,836 (5,081) 96,264 <u>23,235</u>
Change in net assets	86,071	91,183	177,254
Balances, September 30, 2024	\$ <u>68,086,086</u>	\$ <u>1,018,237</u>	\$ <u>69,104,323</u>

# **Statements of Cash Flows**

# Years Ended September 30, 2024 and 2023

		<u>2024</u>		<u>2023</u>
Cash flows from operating activities				
Change in net assets	\$	177,254	\$	2,224,938
Adjustments to reconcile change in net assets to net cash used by operating activities				
Depreciation and amortization		3,992,432		4,411,402
Amortization of debt issuance costs, included in interest expense		22,518		22,518
Amortization of right-of-use assets - operating leases		164,245		-
Gain on sale of equipment		(42,110)		-
Net realized (gains) losses on investments		(2,221,991)		460,941
Net unrealized gains on investments		(3,994,322)		(3,496,968)
Unrealized losses (gains) on interest rate swaps		660,086		(240,200)
Change in interest in net assets of SVHSC		(96,264)		(64,905)
Net assets transferred from SVHSC for capital acquisition		(23,235)		(200,287)
Decrease (increase) in				
Patient and other accounts receivable, net		(2,212,055)		(5,844,751)
Supplies inventory		198,407		(215,634)
Other current assets		(431,401)		(66,999)
Due to, due from affiliate - net		114,773		48,087
Increase (decrease) in		·		
Accounts payable		838,023		1,369,336
Accrued salaries, wages and benefits		527,453		206,161
Lease liabilities, operating		(167,770)		(7,802)
Deferred revenue		262,740		85,852
Other current liabilities		162,575		282,188
Medicare accelerated payments		-		(862,950)
Estimated third-party payor settlements		(1,139,859)		(321,133)
Net cash used by operating activities		(3,208,501)	-	(2,210,206)
not such used by operating detrines		(0,200,001)	-	(2,210,200)
Cash flows from investing activities				
Purchase of property and equipment		(2,791,389)		(6,774,150)
Proceeds from sale of equipment		370,243		(0,774,100)
Proceeds from the sale of investments		10,852,618		5,383,487
Purchase of investments		(5,032,722)		(2,472,111)
Net cash provided (used) by investing activities	_	3,398,750	_	(3,862,774)
Net easil provided (dised) by investing activities		3,330,730	-	(3,002,774)
Cash flows from financing activities				
Net assets transferred from SVHSC for capital acquisition		23,235		200,287
Proceeds from issuance of long-term debt		_		2,177,954
Repayments of long-term debt		(1,198,265)	_	(725,750)
Net cash (used) provided by financing activities		(1,175,030)		1,652,491
Net decrease in cash and cash equivalents and restricted cash		(984,781)		(4,420,489)
That doubt and additional and roomated and roomated additional		(004,701)		(1,120,100)
Cash and cash equivalents and restricted cash, beginning of year	_	4,703,669	_	9,124,158
Cash and cash equivalents and restricted cash, end of year	\$	3,718,888	\$_	4,703,669
Breakdown of cash and cash equivalents and restricted cash, end of year:				
Cash and cash equivalents	\$	2,215,065	\$	1,177,829
Restricted cash	Ψ	1,503,823	Ψ	3,525,840
1 (03)(10)(04) 043(1)	e	3,718,888	φ-	
Ourseless sets and displacement of each flow informs.	<b>⊅</b> <u>—</u>	J,1 10,000	\$_	4,703,669
Supplementary disclosures of cash flow information:	•	000.040	Φ	440.005
Cash paid for interest	\$ <u></u>	820,616	\$_	118,095

Non-cash transactions:

At September 30, 2024 and 2023, there were \$521,460 and \$456,745 of property and equipment additions included in accounts payable, respectively.

The accompanying notes are an integral part of these financial statements.

#### **Notes to Financial Statements**

**September 30, 2024 and 2023** 

# **Nature of Business**

Brattleboro Memorial Hospital, Inc. (Hospital) is a Vermont not-for-profit hospital. Southern Vermont Health Services Corporation (SVHSC), a not-for-profit organization, is the sole corporate member of the Hospital. The Hospital is a provider of healthcare services with facilities in the Brattleboro, Vermont area.

# 1. Summary of Significant Accounting Policies

# **Basis of Presentation**

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-For-Profit Entities*. Under FASB ASC 958 and FASB ASC 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows, according to the following net asset classifications:

**Net assets without donor restrictions**: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Hospital. These net assets may be used at the discretion of the Hospital's management and the Board of Directors (Board).

**Net assets with donor restrictions**: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Hospital or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets.

#### **Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) 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.

#### **Cash and Cash Equivalents**

Cash and cash equivalents are held in either demand deposit or highly liquid savings deposit accounts.

#### **Notes to Financial Statements**

September 30, 2024 and 2023

## Revenue Recognition and Accounts Receivable

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. Retroactive adjustments under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Hospital is not required to adjust the promised amount of consideration for significant financing components, as payment is generally within one year. For agreements allowing payments over longer periods, the financing component is not significant to the contract.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in hospitals receiving inpatient acute care services or patients receiving services in outpatient centers. The Hospital measures the performance obligation from admission into the Hospital or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue from performance obligations satisfied at a point in time is generally recognized when the goods are provided to patients and customers in a retail setting (for example, cafeteria) and the Hospital does not believe it is required to provide additional goods or services related to that sale.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Hospital's policy, and implicit price concessions provided to uninsured patients. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients and records these as a direct reduction to net patient service revenue.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its historical experience, current conditions, reasonable and supportable forecasts, and identified trends for each of its major payor sources of income. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable. Patient and other accounts receivable at October 1, 2022 was \$16,474,251.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

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

#### Medicare

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

#### Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively-determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors and are not subject to retroactive adjustment.

#### Other Arrangements

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

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial and other payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including a determination it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

#### **Notes to Financial Statements**

# September 30, 2024 and 2023

The following table summarizes the Hospital's settlements and settlement activity with its significant third-party payors:

As of September 30, 2024:

	eginning of Year Settlement Balance	I	Fiscal Year Estimate	 Prior Year ttlements and Adjustments	 urrent Year eceipts, Net	_	End of Year Settlement Balance	Open Settlement Years
Medicare Medicaid Other Total	\$  (2,071,069) (456,079) (34,529) (2,561,677)	\$ 	(1,323,764) (404,723) (46,039) (1,774,526)	\$  1,294,497 893,161 48,829 2,236,487	\$  1,038,137 (360,239) 	\$ 	(1,062,199) (327,880) (31,739) (1,421,818)	2021-2024 2023-2024 2023-2024

#### As of September 30, 2023:

		Beginning of Year Settlement Balance		Fiscal Year Estimate	_	Prior Year ettlements and Adjustments	_	current Year Payments	_	End of Year Settlement Balance	Open Settlement Years
Medicare Medicaid Other Total	\$ \$	(2,356,864) (525,946) 	\$ \$	(949,323) (278,173) (34,529) (1,262,025)	\$ \$_	927,828 348,040 - 1,275,868	\$ \$	307,290 - - 307,290	\$ \$	(2,071,069) (456,079) (34,529) (2,561,677)	2020-2023 2022-2023 2023

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represents the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. The Hospital's charity care program is designed to assist those patients who are either uninsured, underinsured or have limited financial resources that impact their ability to fully pay for their hospital care. Before completing an application for charity care, patients are first asked to investigate whether or not they may be eligible for Medicare, Medicaid, Veteran's Benefits or other governmental or public assistance programs.

The Hospital's qualifications for charity care are as follows:

- Charity care is limited to medically necessary services. Patients receiving certain elective services, such as those considered cosmetic, investigational or experimental, are expected to make payment arrangements in advance, as these types of services are not covered by the charity care program.
- The patient's family income must be at or below 300% of the current Federal Poverty Income Guidelines for their applicable family size.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies and equivalent service statistics. The following information measures the level of the charity care provided during the years ended September 30:

	<u>2024</u>	<u>2023</u>
Charges foregone, based on established rates	\$ <u>684,000</u>	\$ <u>834,000</u>
Estimated costs and expenses incurred to provide charity care <sup>1</sup>	\$ <u>301,000</u>	\$ <u>354,000</u>
Equivalent percentage of charity care services to all services	<u>0.25</u> %	<u>0.31</u> %

<sup>&</sup>lt;sup>1</sup> The cost estimate is based on an overall cost to charge ratio applied to charges written-off as charity care.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

# **Fixed Prospective Revenue**

The Hospital is a participant in OneCare Vermont, LLC, a statewide Accountable Care Organization (ACO) and has entered into a risk-bearing arrangement by participating in the Medicare Next Generation Model and Vermont Medicaid programs. Under both programs, the Hospital receives monthly fixed prospective payments for services provided to attributed members. The ACO is responsible for both the cost and quality of care for each attributed member. This is true whether that person uses little or no care or whether they require services consistently throughout the year.

The maximum financial exposure to the Hospital for all ACO payor programs for 2024 and 2023 is approximately \$1,651,000 and \$1,449,000, respectively. The Hospital recognizes its share of annual contract settlements as an increase or decrease in fixed prospective revenue.

In November 2024, the Board of OneCare voted to end operations at the end of calendar year 2025. A transition plan has not been finalized and the effects on the Hospital for the decision of OneCare to end operations cannot be reasonably estimated through August 15, 2025, which was the date the financial statements were available to be issued.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

## **Supplies Inventory**

Supplies inventory is carried at the lower of cost (determined by the first-in, first-out method) or net realizable value.

#### **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Investment income (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenues, gains, other support, and nonoperating gains (losses) over expenses unless the income or loss is restricted by donor or law.

Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

#### Assets Limited as to Use

Assets limited as to use primarily consist of assets held by trustees under indenture agreements and designated assets set aside by the Hospital's Board, over which the Board retains control and which it may, at its discretion, subsequently use for other purposes.

# **Donor-Restricted Gifts**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying financial statements.

# **Property and Equipment**

Property and equipment acquisitions are recorded at cost, or if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

#### **Notes to Financial Statements**

#### September 30, 2024 and 2023

Gifts of long-lived assets such as land, buildings, or equipment are reported as support without donor restrictions, and are excluded from the excess of revenues, gains, other support, and nonoperating gains (losses) over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

#### <u>Leases</u>

The Hospital evaluates whether contracts qualify as leases at their inception, identifying lease and non-lease components to calculate right-of-use (ROU) assets and liabilities. ROU assets are recorded to reflect the right to use the leased asset for the duration of the lease term, lease liabilities represent the obligation to make lease payments. These assets and liabilities are recognized at the present value of the expected lease payments, typically calculated using the Hospital's incremental borrowing rate. At the start of the lease, they are classified as either operating or finance leases. The lease term may include options to extend or to terminate the lease that the Hospital is reasonably certain to exercise. Operating lease expenses are recognized on a straight-line basis throughout the lease term, whereas finance leases apply the effective interest rate method. Leases with terms of less than 12 months are not recorded on the balance sheet but are expensed over the lease term.

Effective October 1, 2022, the Hospital adopted FASB ASC Topic 842, *Leases* (Topic 842). The adoption of Topic 842 resulted in the recognition of \$804,782 of ROU assets and liabilities on October 1, 2022, as a non-cash transaction.

#### **Interest Rate Swaps**

The Hospital uses interest rate swap contracts to mitigate the cash flow exposure of interest rate movements on variable-rate debt. The interest rate swap contracts have not been designated as a cash flow hedge and thus changes in fair value are included within nonoperating gains (losses).

# **Employee Fringe Benefits**

The Hospital has an "earned time" plan which provides benefits to employees for paid leave hours. Under this plan, each employee earns paid leave for each period worked. These hours of paid leave may be used for vacations, holidays, or illnesses. Hours earned, but not used, are vested with the employee. The Hospital accrues a liability for such paid leave as it is earned. The earned time plan does not cover any contracted employees.

#### **Notes to Financial Statements**

#### September 30, 2024 and 2023

#### **COVID-19 Stimulus Funds**

In response to the COVID-19 pandemic, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and subsequent legislation provided financial assistance to eligible healthcare providers to prevent, prepare for, and respond to COVID-19. The Hospital received funding through various programs, including Provider Relief Funds (PRF) and the Centers for Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program.

From 2020 through 2022, the Hospital received and recognized a total of \$15,337,391 in American Rescue Plan and PRF (Funds) and attested to the receipt of the Funds in agreement with the associated terms and conditions. CMS also made available an accelerated and advance payment program to Medicare providers. The Hospital received \$6,230,193 of accelerated advanced payments during 2020. Under the program, CMS began recouping payment from claims payments one year from the date of the respective advances. During 2023, the remaining advances were fully recouped by CMS.

Management believes the positions taken are a reasonable interpretation of the rules currently available. Due to the complexity of audit requirements, there is at least a reasonable possibility the amount of income recognized related to COVID-19 Stimulus Funds may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

# Excess of Revenues, Gains, Other Support, and Nonoperating Gains (Losses) Over Expenses

The statements of operations include excess of revenues, gains, other support, and nonoperating gains (losses) over expenses. Changes in net assets without donor restrictions which are excluded from this measure, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

#### **Income Taxes**

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income.

# **Subsequent Events**

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, management has considered transactions or events occurring through August 15, 2025, the date the financial statements were available to be issued.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

## 2. Net Patient Service Revenue

Net patient service revenue consisted of the following for the years ended September 30:

	<u>2024</u>	<u>2023</u>
Gross patient service revenue	\$ 273,126,348	\$ 267,478,872
Less contractual allowances Less charity care	181,218,774 <u>683,610</u>	174,531,282 <u>834,389</u>
	181,902,384	175,365,671
Net patient service revenue	\$ <u>91,223,964</u>	\$ <u>92,113,201</u>

The Hospital has agreements with CMS (Medicare) and the State of Vermont Department of Health and Human Services (Medicaid) that provide for payments at amounts different from their established rates. Revenue from the Medicare and Medicaid programs accounted for approximately 31% and 32% of the Hospital's net patient service revenue for the years ended September 30, 2024 and 2023, respectively.

Each performance obligation is separately identifiable from other promises in the customer contract. As the performance obligations are met (i.e., room, board, ancillary services, level of care), revenue is recognized based upon the allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price. In instances where management determines there are multiple performance obligations across multiple months, the transaction price is allocated by applying an estimated implicit and explicit rate to gross charges based on the separate performance obligations.

In assessing collectability, the Hospital has elected the portfolio approach. This portfolio approach is being used as the Hospital has a large volume of similar contracts with similar classes of customers. The Hospital reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all of the contracts (which are at the patient level) by the particular payor or group of payors, will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level.

Net patient service revenue recognized for the years ended September 30, 2024 and 2023 from these major payors is as follows:

	<u>2024</u>	<u>2023</u>
Medicare and Medicaid Commercial and other Self-pay	\$ 28,159,428 61,022,040 	\$ 29,676,260 58,842,595 3,594,346
Total	\$ <u>91,223,964</u>	\$ <u>92,113,201</u>

#### **Notes to Financial Statements**

#### September 30, 2024 and 2023

# 3. Availability and Liquidity of Financial Assets

The Hospital has working capital of \$(3,653,113) and \$7,372,039 at September 30, 2024 and 2023, respectively, and average days (based on normal expenditures) cash and cash equivalents on hand of 7 and 4 at September 30, 2024 and 2023, respectively.

The Hospital's goal is to provide for a reasonable amount of liquidity to meet the unexpected needs of the Hospital. The annual operating budget is determined with the goal of generating sufficient net patient service revenue and cash flows to allow the Hospital to be sustainable to support its mission and vision while also adhering to the annual budget parameters mandated by State of Vermont's Green Mountain Care Board.

Financial assets available for general expenditures within one year were as follows as of September 30:

		<u>2024</u>		<u>2023</u>
Cash and cash equivalents Patient and other accounts receivable	<b>\$</b> _			1,177,829 22,319,002
Financial assets available to meet cash needs for general expenditures within one year	\$ <u>_</u>	26,746,122	\$_	23,496,831

The Hospital has assets limited as to use of \$26,979,576 and \$26,583,159 at September 30, 2024 and 2023, respectively, that are designated assets set aside by the Board primarily for future capital improvements. These assets limited as to use are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary.

# 4. Supplies Inventory

The major classes of supplies inventory consisted of the following as of September 30:

		<u>2024</u>		<u>2023</u>
Central storeroom	\$	428,614	\$	414,831
Operating room		1,324,192		1,322,109
Pharmacy		427,777		582,234
340B program retail pharmacy		160,706		164,022
Other	_	201,025	_	257,525
	\$ <u></u>	2,542,314	\$_	2,740,721

#### **Notes to Financial Statements**

# September 30, 2024 and 2023

# 5. <u>Investments</u>

Investments consisted of the following as of September 30:	<u>2024</u> <u>2023</u>
Assets limited as to use internally designated Cash and cash equivalents Marketable equity securities Mutual funds	\$ 621,835 \$ 1,163,849 21,639,494 20,631,645 4,718,247 4,787,665
	<b>\$ 26,979,576 \$ 26,583,159</b>
Assets limited as to use under bond agreement for capital acquisition  Cash and cash equivalents	\$ <u>1,454,750</u> \$ <u>3,471,686</u>
Other investments with donor restrictions  Cash and cash equivalents	<b>\$ 49,073</b> \$ 54,154
Investment income (loss) and gains (losses) on assets limited	as to use are comprised of the
following:	<u>2024</u> <u>2023</u>
Income (loss) Interest and dividend income, net of fees	
Assets limited as to use internally designated Other investments with donor restrictions	<b>496,001</b> \$ 470,116 (5,081) 4,339
	<b>490,920</b> 474,455
Net realized gains (losses) on investments Assets limited as to use internally designated	<b>2,221,991</b> (460,941)
Total investment income	<b>\$_2,712,911</b> \$_13,514
Net unrealized gains on investments Assets limited as to use internally designated	\$ <u>3,994,322</u> \$ <u>3,496,968</u>

# Funds with Deficiencies

From time to time, the fair value of assets associated with donor-restricted endowment funds may fall below the level of the donors' original gift(s) or what the Uniform Prudent Management of Institutional Funds Act may require the Hospital to retain as a fund of perpetual duration (underwater). The Hospital's policy prohibits appropriating amounts from underwater endowment funds. There were no deficiencies of this nature that are reported as of September 30, 2024 and 2023.

#### **Notes to Financial Statements**

#### September 30, 2024 and 2023

## 6. Property and Equipment

As of September 30, property and equipment at cost by major classes of assets were as follows:

	<u>2024</u>	<u>2023</u>
Land Land improvements Building and improvements Major moveable equipment Construction-in-progress	\$ 45,499 2,421,282 72,237,409 34,494,787 	\$ 45,499 2,380,032 72,061,249 33,431,246 118,151
Less accumulated depreciation  Property and equipment, net	110,501,591 <u>67,685,852</u> \$ <u>42,815,739</u>	108,036,177 63,755,977 \$ 44,280,200

Depreciation expense for the years ended September 30, 2024 and 2023 was \$3,992,432 and \$4,197,821, respectively. For the year ended September 30, 2023, interest of \$600,187 was capitalized and included in the additions to buildings and improvements.

## 7. Borrowings

On December 1, 2019, the Hospital entered into a loan agreement with Vermont Educational and Health Buildings Finance Agency issuing a draw down bond not to exceed \$12,500,000 (2019 Series A). The draw down bond is held by M&T Bank. The proceeds were used to finance a capital improvement project. Interest is variable and based on monthly rates under the loan and trust agreement. Monthly interest payments began February 1, 2020, on outstanding principal. Semiannual principal payments, due June 1 and December 1, began December 1, 2022, and end December 1, 2049. The draw down bond is collateralized by the assets of the Hospital. As part of the loan agreement, the Hospital was required to maintain at least \$10,000,000 in an equity account held by M&T Bank to cover its share of the capital improvement project costs until completion. These funds have been fully utilized as of September 30, 2024.

On June 1, 2016, the Hospital entered into a loan agreement with Vermont Educational and Health Buildings Finance Agency issuing \$10,500,000 in direct placement bonds (2016 Series A). The bonds are held by M&T Bank. The proceeds were used to advance refund the previously issued Series 2008 A bonds, terminate the associated swap agreement, and finance the Hospital's capital expenditures. Interest is variable and based on monthly rates under the loan and trust agreement. The Hospital may prepay certain of the bonds according to the terms of the loan and trust agreement. The bonds are collateralized by the assets of the Hospital. As part of the loan agreement, approximately \$2,000,000 was held for capital acquisition. In 2024, approximately \$728,000 was utilized for approved capital projects.

The Hospital is subject to restrictive covenants requiring compliance with certain financial ratios, including a minimum debt service coverage ratio, and provisions outlining corrective actions and events of default. The Hospital was in compliance with its financial covenants as of September 30, 2023. The Hospital was not in compliance with its financial covenants for the year ended September 30, 2024, and, as a result, the related long-term debt has been reclassified to current liabilities. The covenant terms are currently under negotiation with M&T Bank and the Hospital expects to obtain a waiver of the covenant requirements or alternative financing, if necessary.

#### **Notes to Financial Statements**

# September 30, 2024 and 2023

Long-term debt consisted of the following as of September 30:	2024	<u>2023</u>
Series 2019 A bond with variable rate interest (5.4353% at September 30, 2024), payable in semi-annual payments, excluding interest, ranging from \$50,100 in 2025 to \$382,656 through December 2049.	\$ 12,299,600	\$ 12,399,800
Series 2016 A bonds with variable rate interest (4.2916% at September 30, 2024), payable in monthly installments, including interest, of approximately \$89,800 through February 2027.	2,532,452	3,558,045
Equipment note payable in 72 monthly installments of \$507 including interest (fixed rate of 2.49%), through November 2026. Collateralized by the equipment.	12,104	18,066
Finance lease, payable in 48 monthly installments of \$6,967 including interest (fixed rate of 3.26%), through October 2027. Collateralized by the associated asset.	222,788	289,298
Total long-term debt before unamortized bond issuance costs	15,066,944	16,265,209
Less: unamortized bond issuance costs	204,765	227,283
Total long-term debt Less current portion	14,862,179 14,862,179	16,037,926 1,192,624
Total long-term debt, excluding current portion	\$ <u>-</u>	\$ <u>14,845,302</u>

Maturities of long-term debt, based on the original payment schedule and excluding amounts reclassified to current liabilities due to covenant violations, for subsequent fiscal years ending September 30 are as follows:

2025	\$ 1,220,463
2026	1,242,594
2027	603,970
2028	355,095
2029	368,958
Thereafter	11,275,864
	\$ <u>15,066,944</u>

#### **Interest Rate Swaps**

The Hospital entered into interest rate swap agreements with notional amounts of \$12,500,000 and \$10,500,000, equal to 100% of the original Series 2019A and Series 2016A Bonds, to hedge the interest rate risk associated with those bonds. The notional amount of the swaps will amortize such that they are equal to 100% of the outstanding bond balances. The interest rate swap agreements require the Hospital to pay a bank, the swap counterparty, fixed rates of 2.234% and 1.0375%, respectively, in exchange for the counterparty's payment to the Hospital of variable rates based on 79% and 68% of the one-month USD-LIBOR-BBA rate, respectively.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

The swaps are recorded at fair value on the balance sheet, with annual changes recognized in the statements of operations. If interest rates rise above initial expectations, the swaps are reported as an asset (unrealized gain), and if rates fall below expectations, they are reported as a liability (unrealized loss). These fair value adjustments are non-cash and net to zero at maturity. The Hospital may terminate the swaps if needed. The Hospital recorded the swaps at their asset position of \$318,178 and \$978,264 at September 30, 2024 and 2023, respectively. There is approximately \$342,000 and \$257,000 of interest income associated with the swap agreements included in other operating revenue, September 30, 2024 and 2023, respectively.

# 8. <u>Lease Obligations</u>

The Hospital has entered into operating lease arrangements for an equipment lease expiring in 2029 and a building lease expiring in 2026. Approximate future minimum payments under operating leases as of September 30, 2024 are as follows:

2025	\$	194,045
2026 2027		126,230 103,625
2028		103,625
2029	_	43,177
Total minimum lease payments Amounts representing interest	_	570,702 43,363
Present value of future minimum lease payments Less: current portion	_	527,339 (175,232)
Lease liability, net of current portion	\$	352,107

#### 9. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

		<u>2024</u>		<u>2023</u>
Funds with donor restrictions temporary in nature: Auxiliary programs Charity care Other programs	\$	49,073 129,430 560,692	\$	54,154 100,363 493,495
Total funds with donor restrictions temporary in nature	_	739,195	_	648,012
Funds maintained in perpetuity, the income expendable for: Medical library Capital Unrestricted purposes		1,202 20,000 257,840	_	1,202 20,000 257,840
Total funds with donor restrictions held in perpetuity	_	279,042	_	279,042
Total net assets with donor restrictions	\$	1,018,237	\$	927,054

#### **Notes to Financial Statements**

# September 30, 2024 and 2023

# 10. Functional Expenses

The statements of operations report certain expense categories that are attributable to both healthcare services and administrative support. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Fringe benefits are allocated based on wages, postage and freight are allocated on the basis of supply costs, and depreciation, interest, utilities and general repairs are allocated based on square footage. Expenses related to healthcare services and administrative support were as follows for the years ended September 30:

<u>2024</u>	Healthcare <u>Services</u>	Administrative <u>Support</u>	<u>Total</u>
Salaries, wages, and benefits Supplies and other Contract services Depreciation and amortization Health care improvement tax Interest expense	\$ 56,933,890 20,110,733 15,365,752 2,750,985 6,428,883 465,745	\$ 8,163,171 2,854,852 5,405,234 1,241,447 - 349,692	\$ 65,097,061 22,965,585 20,770,986 3,992,432 6,428,883 815,437
	\$ <u>102,055,988</u>	\$ <u>18,014,396</u>	\$ <u>120,070,384</u>
<u>2023</u>	Healthcare <u>Services</u>	Administrative <u>Support</u>	<u>Total</u>
Salaries, wages, and benefits Supplies and other Contract services Depreciation and amortization Health care improvement tax Interest expense	\$ 53,256,515 18,410,611 15,691,445 3,039,677 5,758,093 94,410	\$ 7,635,910 2,613,508 5,519,803 1,371,725 70,885	\$ 60,892,425 21,024,119 21,211,248 4,411,402 5,758,093 165,295
	\$ <u>96,250,751</u>	\$ <u>17,211,831</u>	\$ <u>113,462,582</u>

# 11. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Medicare	31 %	37 %
Other third-party payors	17	21
Patient	23	23
Blue Cross	10	7
Medicaid	<u>19</u>	<u>12</u>
	<u>100</u> %	<u>100</u> %

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes it is not exposed to any significant risk on cash and cash equivalents.

#### 12. Health Care Improvement Tax

Effective July 1, 1991, a healthcare improvement tax was imposed on hospitals, nursing homes, and home health agencies as part of a program to upgrade services in Vermont. The State of Vermont pays the Hospital with funds received from the healthcare improvement trust fund and federal matching funds. Hospitals in Vermont are assessed a certain percentage of net patient service revenue which is determined annually by the General Assembly. The following tax was paid and disproportionate share funds received for the years ended September 30:

	<u>2024</u>	<u>2023</u>
Disproportionate share received Medicaid assessment expensed	•	\$ 583,188 <u>(5,758,093)</u>
	\$ <u>(5,819,410</u> )	\$ <u>(5,174,905</u> )

# 13. Commitments and Contingencies

<u>Self-Funded Insurance Plans</u> - The Hospital is self-insured with respect to healthcare coverage. This coverage is used to provide medical health benefits to its eligible employees and their eligible dependents. An accrual for management's estimate of healthcare claims incurred, but not reported, is included in other accrued expenses in the balance sheets.

<u>Professional Liability Insurance</u> - The Hospital is insured against malpractice loss contingencies under a claims-made insurance policy. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrence during its term, but reported subsequently, will be uninsured. The Hospital is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. In accordance with U.S. GAAP, the Hospital accrues the estimated cost of professional liability claims when the related incident occurs, while expected insurance recoveries are recorded separately. The Hospital has evaluated its exposure to losses arising from identifiable potential claims and has properly accounted for them in the balance sheets for the years ended September 30, 2024 and 2023.

<u>Litigation</u> - In the normal course of business, the Hospital may be involved in litigation and annual third-party audits. Management, as part of its ongoing risk management, consults with its legal counsel to assess the impact of these matters on the Hospital.

While it is not feasible to predict or determine the outcome of malpractice and litigation claims, there were no known claims outstanding as of September 30, 2024 which, in the opinion of management, will be settled for amounts in excess of insurance coverage.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

Emergency Department Physician Staffing - The Hospital has an agreement with Dartmouth-Hitchcock Clinic to provide twenty-four hour per day physician staffing for its emergency department. Contract rates are reviewed annually and adjusted, if required, by the mutual consent of both parties. The agreement can be terminated at any time by mutual consent of both parties or by either party with 60-day prior written notification. The agreement renews on an annual basis.

<u>Deferred System Development Costs</u> - During 2016, the Hospital entered into an agreement with Cerner Corporation (Cerner) to implement a hospital-wide electronic health record (EHR) system. The Cerner agreement has an initial term of seven years with successive 12-month terms. The costs incurred by the Hospital related to the implementation of the EHR system through June 1, 2017, the date the EHR system was placed in service, have been deferred and are being amortized over the remaining term of the Cerner agreement. All deferred system development costs were fully amortized as of September 30, 2023. Associated amortization expense was \$512,260 in 2023.

#### 14. Related Party Transactions

The Hospital contracts with SVHSC for management services. The Hospital recorded \$786,471 and \$1,050,739 in management service expenses in September 30, 2024 and 2023, respectively. As of September 30, 2024, the Hospital had a payable due to SVHSC of \$30,502 and as of September 30, 2023, the Hospital had a receivable from SVHSC of \$84,271.

In accordance with U.S. GAAP, the Hospital has recognized an interest in the net assets of SVHSC for assets donated to SVHSC with the Hospital designated as the beneficiary.

In 2023, the Hospital became a member of Healthworks ACT, LLC, (Healthworks) a Vermont limited liability company. Healthworks is designed to integrate medical, mental health, substance abuse, and peer support services to create a trauma-responsive medical home for patients. The Hospital's participation in Healthworks was not material to the financial statements for the years ended September 31, 2024, and 2023.

#### 15. Retirement Plans

The Hospital has a defined contribution plan for active employees to which the Hospital contributes 5% of the annual salary of the participating employee. Plan expense for the years ended September 30, 2024 and 2023 was \$2,603,583 and \$1,751,993, respectively.

The Hospital also has a defined contribution plan for active employees to which the Hospital contributes a matching contribution. In order to receive the match, employees must meet certain eligibility requirements. The Hospital matches 100% of elective deferrals to a limit based on years of service. Participants must be employed on the last day of the calendar year in order to receive the match. Plan expense for the years ended September 30, 2024 and 2023 was \$405,512 and \$234,095, respectively.

#### **Notes to Financial Statements**

#### **September 30, 2024 and 2023**

## 16. Fair Value Measurement

In accordance with U.S. GAAP, fair value measurements are classified within a three-level hierarchy based on the observability of inputs used:

- **Level 1**: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- **Level 2:** Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- **Level 3:** Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability. The Hospital held no Level 3 assets or liabilities as of September 30, 2024 and 2023.

Assets measured at fair value on a recurring basis are summarized below.

	Fair Value Measurements at September 30, 2024			
	<u>Total</u>	Level 1	Level 2	
Assets: Investments	¢ 2425.050 ¢	0.405.650	•	
Cash and short-term investments Marketable equity securities Mutual funds	\$ 2,125,658 \$ 21,639,494 4,718,247	2,125,658 21,639,494 4,718,247	\$ - - -	
Interest rate swaps	<u>318,178</u>	<u>-</u>	<u>318,178</u>	
Total assets	\$ <u>28,801,577</u> \$	28,483,399	\$ <u>318,178</u>	
	Fair Value Measure	ements at Sept	tember 30, 2023	
	Total	Level 1	Level 2	
Assets:				
Investments				
Cash and short-term investments Marketable equity securities	\$ 4,689,689 \$ 20,631,645	4,689,689 20,631,645	\$ - -	
Cash and short-term investments		, ,	\$ - - - 978,264	

The fair value of Level 2 assets and liabilities are primarily based on quoted market prices of the underlying or similar instruments, interest rates, and credit risk. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.