

# Lake Health District d/b/a Lake District Hospital

Financial Statements and Supplementary Information

Years Ended June 30, 2022 and 2021



**Lake Health District**  
*Quality Care Close to Home*



# Lake Health District d/b/a Lake District Hospital

## Directory of Officials

June 30, 2022

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### Board of Directors

Don Liddycoat	Chair
John Shine	Treasurer
Jerald Steward	Secretary
Shirin Sabin	Member
Ken Kestner	Member

### Administrator

Charles Tveit	CEO
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### Mailing Address

Lake District Hospital  
700 South J Street  
Lakeview, OR 97630

## **Independent Auditor's Report**

Board of Directors  
Lake Health District d/b/a Lake District Hospital  
Lakeview, Oregon

### ***Report on the Audit of the Financial Statements***

#### ***Opinion***

We have audited the accompanying financial statements of Lake Health District d/b/a Lake District Hospital (the "District") and Goose Lake Medical Services (GLMS), its discretely presented component unit, which comprise the statements of net position as of June 30, 2022 and 2021, and the statements of revenues, expenses, and changes in net position and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the District and GLMS, its discretely presented component unit as of June 30, 2022 and 2021, and the changes in its net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

#### ***Basis for Opinions***

We conducted our audits 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. 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 District's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.



### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing opinions 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.

### ***Change in Accounting Principle***

As discussed in Note 1 to the financial statements, during the year ended June 30, 2022, the District adopted new accounting guidance, Governmental Accounting Standards Board (GASB) Statement No. 87 - *Leases*. Our opinions are not modified with respect to this matter.

### ***Required Supplementary Information***

GAAP requires that a management's discussion and analysis on pages 5 through 10, be presented to supplement the financial statements. Such information is the responsibility of management and, although not a part of the financial statements, is required by the GASB who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, 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 financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### ***Supplementary Information***

Our audit was conducted for the purpose of forming opinions on the financial statements as a whole. The combining statements of net position of GLMS and LVG; combining statements of revenues, expenses, and changes in net position of GLMS and LVG; and schedule of adopted appropriations and expenditures - original, final budget, and actual (supplementary information), are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the supplementary information is fairly stated in all material respects in relation to the financial statements as a whole.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 30, 2023, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts 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 the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.



***Report on Other Legal and Regulatory Requirements***

In accordance with Minimum Standards for for Audits of Oregon Municipal Corporations, we have issued our report dated March 30, 2023, on our consideration of the District's compliance with certain provisions of laws and regulations, including the provision of Oregon Revised Statutes as specified in Oregon Administrative Rules. The purpose of that report is to describe the scope of our testing of compliance and the results of that testing and not to provide an opinion on compliance.

*Wipfli LLP*

Wipfli LLP  
Spokane, Washington

March 30, 2023

By:

*Eric Volk*

Eric Volk, CPA, Oregon Municipal Auditor, Lic#15265

# Lake Health District d/b/a Lake District Hospital

## Management's Discussion and Analysis Years Ended June 30, 2022 and 2021

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Our discussion and analysis of Lake Health District d/b/a Lake District Hospital's (the "District") financial performance provides an overview of the District's financial activities for the fiscal year ended June 30, 2022. Please read it in conjunction with the financial statements that follow this analysis.

The District is a governmental entity, a political subdivision of the State of Oregon. The State of Oregon has provided counties authority to create independent health districts rendering hospital and other healthcare services for the residents of the District. The District was created by public vote on July 18, 1967, and the current District facility opened its doors in 1971. The District operates a 24-bed acute care hospital, obstetrical services, surgery, emergency department, and related ancillary services (lab, x-ray, etc.). Outpatient clinic services are provided both through leased physician clinic facilities for which the District provides buildings to support those operations and through the District-owned rural health clinic (RHC).

A five-member Board of Directors governs the District. The members of the Board are elected for a term of four years, and elections are staggered, so they are held every two years. The Board is required to elect a chairman, secretary, and treasurer. One of their duties is to hire an Administrator/Chief Executive Officer (CEO). The Board delegates the day-to-day operations of the District to the CEO.

As a municipal government entity, the District levies and the county collects property taxes from property owners in the District. This tax revenue is used to support the purpose of the District, which is to provide healthcare services to its members. Tax receipts represented approximately 3.9% and 4.9% of District receipts for the years ended June 30, 2022 and 2021, respectively.

The Governmental Accounting Standards Board (GASB) prescribes the financial reporting of the District. This is the format followed by the District. The audit reports of the District are reviewed by the Oregon Secretary of State, Division of Audits.

### Issues Facing the District

There are issues facing the District that could result in material changes in its financial position in the long term. Among those issues are:

- Risks related to Medicare and Medicaid reimbursement because of state and national healthcare reform and budget shortfalls.
- Labor shortages for healthcare professionals, including physicians, registered nurses, and other healthcare-related fields. Increasing employee and employee benefit costs.
- Increasing numbers of underinsured patients.
- High liability and malpractice insurance premiums for the hospital and physician practices.
- Concern about retaining and recruiting primary care physicians.
- Difficulty recruiting and maintaining specialty physician services in the community.

# Lake Health District d/b/a Lake District Hospital

## Management's Discussion and Analysis

Years Ended June 30, 2022 and 2021

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The District's hospital is certified as a provider under both the Medicare program, which provides certain healthcare benefits to beneficiaries who are over 65 years of age or disabled, and the Medicaid program, which is funded jointly by the federal government and the states, and provides medical assistance to certain needy individuals and families. Approximately 39% of the gross patient revenue for the fiscal year ended June 30, 2022, was derived from Medicare, 21% from Medicaid, 35% from other insurance, and 5% from private pay or uninsured patients.

Designated as a Critical Access Hospital (CAH) since December 2001, the District's hospital services for Medicare and Medicaid beneficiaries are paid on a cost reimbursement basis. Interim payments are computed on a percentage of charges, derived from the most recently filed Medicare Statement of Reimbursable Cost.

Medicare compensates the District on fixed rates for different classifications of skilled nursing, home health, hospice, and physician services. When the reimbursement is fixed, the District is at risk to lose money on any service for which expenses exceed the reimbursement.

Under Medicaid, the federal government provides grants to states that have programs meeting certain federal guidelines. These funds or programs continue to be reduced as Oregon's state government has attempted to balance its budget.

In recent years, both the state and federal governments have increased enforcement of laws designed to combat healthcare fraud, and additional anti-fraud legislation has been adopted at both the federal and state levels. The fines for violation of these laws can be substantial. Failure of the District to be in compliance with these laws could also result in the exclusion of Medicare and Medicaid funds along with criminal penalties.

### **Risks Related to HIPAA**

Under the Health Insurance Portability and Accountability Act (HIPAA), health plans, healthcare clearinghouses, and healthcare providers, including hospitals and their business partners, must maintain reasonable and appropriate administrative, technical, and physical safeguards to ensure the integrity and confidentiality of electronic healthcare information.

The District must also protect against reasonably foreseeable threats to the security or integrity of the information and protect against unauthorized use or disclosure.

Penalties are high and may include the loss of Medicare and Medicaid funds, fines, and criminal sanctions. The implementation of an electronic medical records system and upgrades to the District's information system in 2011 helped to strengthen security related to HIPAA. The expanding use of smartphones and other portable computers is adding risk to potential security breaches.

# Lake Health District d/b/a Lake District Hospital

## Management's Discussion and Analysis

Years Ended June 30, 2022 and 2021

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### General Risks Affecting Healthcare Facilities

#### *Technology and Service*

Scientific and technological advances, new procedures, drugs and appliances, preventive medicine, occupational health and safety programs, and outpatient healthcare delivery may reduce utilization and revenues for the District in the future. Technological advances continue to accelerate the trend toward the use of sophisticated equipment and services for diagnosis and treatment of healthcare illnesses and diseases.

#### *Employment and Labor Issues*

The District is a major employer in the community and has a complex mix of professional, technical, clerical, maintenance, dietary, housekeeping, union, and nonunion workers. Potential risks include contract disputes, discrimination claims, personal tort actions, and claims for work-related injuries and exposures to hazardous materials. A shortage of nursing staff and other medical professional/technical employees is contributing to higher salaries and increased utilization of agency staff at a premium wage rate.

#### *Competition*

Even in a rural geographic location, competition from other hospitals and healthcare providers is a risk to the District's revenue. Tertiary care facilities and others offering specialty care often promote competitive profitable services to those provided locally.

#### *Insurance*

Malpractice costs for hospitals and physicians have increased significantly over the last decade. These increases have caused providers to leave certain geographic areas and certain specialties. There are substantially higher premiums in Oregon given that there is no cap on malpractice damages, resulting in heightened exposure for healthcare providers.

#### *Cost-Based Reimbursement*

CAHs are paid under a cost-based reimbursement method from Medicare and Medicaid. Gains and losses on services performed for those hospital patients are limited. The larger gains and losses come from private insurance and self-pay. Home health and hospice are not paid under a cost-based reimbursement method.

### Financial Discussion

Enhanced details of financial highlights are explained below:

1. **Data System:** The District converted to a new Electronic Health Record (EHR) system on April 1, 2020. Implementing one EHR across all departments of the hospital and clinics helps to unite and streamline processes, resulting in greater care and positive patient experience.



# Lake Health District d/b/a Lake District Hospital

## Management's Discussion and Analysis Years Ended June 30, 2022 and 2021

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### Financial Discussion (Continued)

- 2. Surgery Service:** The District had been seeking to expand its surgical services for a number of years. In May 2012, a general surgeon was hired as a permanent solution to allow for more local surgical procedures, thus reducing travel for many patients living in or near the District. This practice increased in 2021 and 2022 with the addition of Orthopedic surgery.
- 3. Lakeview Gardens, LLC:** The license for long-term care was separated from the District on December 1, 2014, to Lakeview Gardens, LLC "Lakeview Gardens", a not-for-profit company. Lakeview Gardens operates and is responsible for the long-term care operations previously managed and owned by Lake Health. The District is leasing the skilled nursing facility space to Lakeview Gardens. The District also has a shared services agreement with Lakeview Gardens for support services. Long-term care will continue operating under the name Lakeview Gardens.
- 4. Provider-Based RHC:** The District retrospectively transitioned some of the clinical operations from Goose Lake Medical Services (a discretely presented component unit) to the District as a department of the hospital. The District has spent years pursuing provider-based status for this clinic, which will increase both Medicare and Medicaid reimbursement substantially.

### 2022 Financial Highlights

The District's overall business increased in 2022 with net patient service revenue at \$35.8 million, an increase of \$1.1 million, or 3%, from 2021.

Adjustments, including revenue deductions, allowances, charity, and bad debts reduced gross patient revenue in 2022 by \$13.5 million, or 27.4% of gross patient revenue. Revenue deductions increased by 6% from 2021 as a result of increased contractual adjustments and bad debts.

In total, the District's operating expenses increased in 2022 by \$3 million, or 7%, from 2021. Salary and benefits increased in 2022 by approximately \$0.1 million, or less than 1%. Full-time equivalents (FTE) increased from 312 in 2021 to 339, or 9%, in 2022.

Net nonoperating expense/revenue totaled \$7.1 million in 2022, an increase of \$3,660,700, or 107%, from 2021. This increase was a result of \$4.4 million in PPP loans forgiven and operating transfers to GLMS.

The District had a decrease in net position of \$1,341,041 in 2022 compared with a decrease in net position of \$2,224,338 in 2021.

Net accounts receivable increased from \$8.8 million in 2021 to \$9.1 million, or 3%, in 2022.

### Capital Assets

Lake District spent \$820,273 and \$986,542 in capital expenditures in 2022 and 2021, respectively. The majority of the expenditures in 2022 and 2021 were related to the new EMR building and the purchase of equipment.

# Lake Health District d/b/a Lake District Hospital

## Management's Discussion and Analysis Years Ended June 30, 2022 and 2021

### Long-Term Debt

In 2011, the remodel and previously completed 37,000-square-foot expansion completed a \$22 million project. These amounts are financed by a combination of community support in the passing of an \$8 million general obligation bond, bank loans in the amount of \$10.5 million, and state loans in the amount of \$2.95 million. The U.S. Department of Agriculture (USDA) purchased the \$8 million bond and a \$550,000 revenue bond issued by the District.

The new and remodeled facilities alleviated problems related to space, quality of care, and privacy. In 2016, the District refinanced existing debt through a bond with Washington Federal for \$13.25 million and paid off \$2.5 million to the State of Oregon, \$9.9 million in existing loans with Washington Federal, and a USDA note for \$530 thousand. The savings in interest annually is calculated at approximately \$100,000.

In fiscal year 2017, the District issued draw-down revenue bonds totaling \$14,000,000 to finance construction for the long-term care and assisted living facility, clinic facility, and ambulance facility. At fiscal year-end, these bonds had a balance of \$12,312,501. The bonds have a maturity date of November 1, 2043.

Condensed financial information is as follows:

### Condensed Statements of Net Position (In Thousands)

<i>June 30,</i>	2022	2021	Change 2022-2021
<b>Assets:</b>			
Other assets	\$ 18,739	\$ 28,497	\$ (9,758)
Capital assets	26,517	29,242	(2,725)
<b>Total assets</b>	<b>\$ 45,256</b>	<b>\$ 57,739</b>	<b>\$ (12,483)</b>
<b>Liabilities:</b>			
Other liabilities	\$ 7,862	\$ 12,549	\$ (4,687)
Long-term liabilities	30,084	36,145	(6,061)
<b>Total liabilities</b>	<b>37,946</b>	<b>48,694</b>	<b>(10,748)</b>
<b>Net position:</b>			
Net investment in capital assets	(3,443)	(5,277)	1,834
Restricted	1,526	951	575
Unrestricted	9,227	13,371	(4,144)
<b>Total net position</b>	<b>7,310</b>	<b>9,045</b>	<b>(1,735)</b>
<b>Total liabilities and net position</b>	<b>\$ 45,256</b>	<b>\$ 57,739</b>	<b>\$ (12,483)</b>



# Lake Health District d/b/a Lake District Hospital

## Management's Discussion and Analysis Years Ended June 30, 2022 and 2021

### Condensed Statements of Revenues, Expenses, and Changes in Net Position (In Thousands)

<i>Years Ended June 30,</i>	2022	2021	<u>Change</u> 2022-2021
Operating revenue:			
Net patient service revenue	\$ 35,775	\$ 34,696	\$ 1,079
Other operating revenue	3,102	1,290	1,812
Total operating revenue	38,877	35,986	2,891
Operating expenses:			
Salaries and benefits	25,175	25,105	70
Supplies	3,450	4,289	(839)
Other	12,454	9,499	2,955
Depreciation and amortization	3,546	2,745	801
Total operating expenses	44,625	41,638	2,987
Operating loss	(5,748)	(5,652)	(96)
Nonoperating revenue (expenses):			
Property tax revenue	1,800	1,982	(182)
Interest expense	(353)	(1,073)	720
Noncapital grants and donations - Net	419	1,671	(1,252)
Miscellaneous	59	210	(151)
Forgiveness of PPP loan	4,382	20	4,362
Lease income	543	530	13
Other nonoperating expense	238	88	150
Net nonoperating revenue	7,088	3,428	3,660
Revenue in excess (deficit) of expenses after nonoperating revenue	1,340	(2,224)	3,564
Operating transfers to Goose Lake Medical Services	(3,077)	(2,244)	(833)
Decrease in net position	(1,735)	(4,468)	2,733
Net position - Beginning of year	9,045	13,513	(4,468)
Net position - End of year	\$ 7,310	\$ 9,045	\$ (1,735)

#### Contacting the District's Financial Management

This financial report provides the District's patients, citizens, taxpayers, investors, and creditors with a general overview of the District's finances and shows the District's accountability for the money it receives. For questions about this report or for additional financial information, contact the Administration office at Lake Health District, 700 South J Street, Lakeview, OR 97630 or call 541.947.2114.

# Lake Health District d/b/a Lake District Hospital

## Statements of Net Position

<i>June 30,</i>	2022	2021
<b>Current assets:</b>		
Cash and cash equivalents - Unrestricted	\$ 5,795,936	\$ 16,711,923
<b>Receivables:</b>		
Patient accounts - Net	9,076,784	8,822,502
Taxes receivable	178,715	133,344
Other accounts receivable	535,506	634,810
Estimated third-party payor settlements	386,359	-
Inventory	489,502	422,313
Prepaid expenses	154,830	146,902
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Total current assets	16,617,632	26,871,794
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<b>Noncurrent assets:</b>		
Cash and cash equivalents - Board designated	594,354	595,610
Cash and cash equivalents - Restricted	1,526,486	1,030,754
Capital assets - Nondepreciable	346,857	1,312,812
Capital assets - Net of accumulated depreciation	26,169,786	27,929,188
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Total noncurrent assets	28,637,483	30,868,364
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<b>TOTAL ASSETS</b>	<b>\$ 45,255,115</b>	<b>\$ 57,740,158</b>

# Lake Health District d/b/a Lake District Hospital

## Statements of Net Position (Continued)

<i>June 30,</i>	2022	2021
<b>Current liabilities:</b>		
Accounts payable	\$ 2,258,550	\$ 1,844,829
Accrued salary, payroll taxes, and benefits	2,837,047	2,569,209
Accrued interest	116,810	159,157
Current portion of long-term debt	1,141,582	1,341,211
Current portion of lease obligations	113,274	217,236
Current portion of refundable advance	1,780,464	4,957,779
Estimated third-party payor settlements	-	796,197
Unearned revenue	555,082	397,442
<b>Total current liabilities</b>	<b>8,802,809</b>	<b>12,283,060</b>
<b>Noncurrent liabilities:</b>		
Long-term debt, less current portion	28,942,350	34,804,080
Lease obligations, less current portion	200,669	313,944
Refundable advance, less current portion	-	1,293,635
<b>Total noncurrent liabilities</b>	<b>29,143,019</b>	<b>36,411,659</b>
<b>Total liabilities</b>	<b>37,945,828</b>	<b>48,694,719</b>
<b>Net position:</b>		
Net investment in capital assets	(3,443,983)	(5,276,927)
Restricted expendable - For debt service	909,373	725,260
Restricted nonexpendable - Endowments	617,113	225,863
Unrestricted	9,226,784	13,371,243
<b>Total net position</b>	<b>7,309,287</b>	<b>9,045,439</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 45,255,115</b>	<b>\$ 57,740,158</b>

# Lake Health District d/b/a Lake District Hospital

## Statements of Net Position - Discretely Presented Component Unit - Goose Lake Medical Services

<i>June 30,</i>	2022	2021
Current assets:		
Cash and cash equivalents	\$ 261,283	\$ 652,190
Patient accounts - Net	1,171,927	483,513
Inventory	443,505	466,745
Total current assets	1,876,715	1,602,448
<b>TOTAL ASSETS</b>	<b>\$ 1,876,715</b>	<b>\$ 1,602,448</b>
Liabilities and net position:		
Net position - Unrestricted	\$ 1,876,715	\$ 1,602,448
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 1,876,715</b>	<b>\$ 1,602,448</b>

# Lake Health District d/b/a Lake District Hospital

## Statements of Revenues, Expenses, and Changes in Net Position

Years Ended June 30,	2022	2021
Revenue:		
Net patient service revenue	\$ 35,775,202	\$ 34,695,872
Other operating revenue	3,101,947	1,289,511
Total operating revenue	38,877,149	35,985,383
Operating expenses:		
Salaries and wages	19,107,263	18,825,028
Employee benefits	6,067,306	6,279,668
Professional fees	8,485,946	5,011,655
Supplies	3,449,849	4,289,189
Purchased services	1,015,974	967,952
Licenses and taxes	1,154,356	1,676,348
Depreciation and amortization	3,545,633	2,745,191
Other operating expense	1,798,729	1,842,938
Total operating expenses	44,625,056	41,637,969
Loss from operations	(5,747,907)	(5,652,586)
Nonoperating revenue (expenses):		
Property taxes	1,800,212	1,981,460
Interest income	59,466	209,755
Interest expense	(353,326)	(1,073,371)
Grants and contributions	419,227	1,670,556
Forgiveness of PPP loan	4,381,899	20,475
Lease income	543,282	530,782
Other nonoperating expenses	238,188	88,591
Total nonoperating revenue	7,088,948	3,428,248
Revenue in excess (deficit) of expenses after nonoperating revenue	1,341,041	(2,224,338)
Operating transfers to Goose Lake Medical Services	(3,077,193)	(2,243,485)
Decrease in net position	(1,736,152)	(4,467,823)
Net position - Beginning of year	9,045,439	13,513,262
Net position - End of year	\$ 7,309,287	\$ 9,045,439

**Lake Health District d/b/a Lake District Hospital**  
**Statements of Revenues, Expenses, and Changes in Net**  
**Position - Discretely Presented Component Unit - Goose Lake**  
**Medical Services**

<i>Years Ended June 30,</i>	2022	2021
Net patient service revenue	\$ 3,297,101	\$ 3,328,251
Operating expenses:		
Salaries and wages	1,246,802	1,091,323
Employee benefits	769,818	596,796
Professional fees	2,805,388	2,024,392
Supplies	353,268	475,245
Purchased services	88,735	83,832
Other	695,782	704,507
<b>Total operating expenses</b>	<b>5,959,793</b>	<b>4,976,095</b>
<b>Loss from operations</b>	<b>(2,662,692)</b>	<b>(1,647,844)</b>
Nonoperating revenue:		
Operating transfers from Lake Health District	3,077,193	2,243,485
Other nonoperating revenue (expense)	(140,234)	59,440
<b>Total nonoperating revenue</b>	<b>2,936,959</b>	<b>2,302,925</b>
Increase in net position	274,267	655,081
Net position - Beginning of year	1,602,448	947,367
<b>Net position - End of year</b>	<b>\$ 1,876,715</b>	<b>\$ 1,602,448</b>

# Lake Health District d/b/a Lake District Hospital

## Statements of Cash Flows

Years Ended June 30,	2022	2021
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 29,867,414	\$ 34,606,816
Receipts from other operating revenue	3,201,251	1,020,986
Payments to employees	(24,906,731)	(24,883,623)
Payments to suppliers, contractors, and others	(15,566,254)	(13,517,418)
Net cash used in operating activities	(7,404,320)	(2,773,239)
Cash flows from noncapital financing activities:		
Property taxes received	1,754,841	2,045,367
Cash received from grants and contributions	815,055	1,602,576
Operating transfers to Goose Lake Medical Service	(3,077,193)	(2,243,485)
Net cash provided by (used in) noncapital financing activities	(507,297)	1,404,458
Cash flows from capital and related financing activities:		
Principal payments on long-term obligations	(1,896,697)	(1,117,026)
Interest paid on long-term obligations	(395,672)	(1,035,747)
Purchase of capital assets	(820,273)	(986,542)
Net cash used in capital and related financing activities	(3,112,642)	(3,139,315)
Cash flows from investing activities:		
Interest received	59,466	209,755
Cash received from lease income	543,282	530,782
Net cash provided by investing activities	602,748	740,537
Net decrease in cash and cash equivalents	(10,421,511)	(3,767,559)
Cash and cash equivalents - Beginning of year	18,338,287	22,105,846
Cash and cash equivalents - End of year	\$ 7,916,776	\$ 18,338,287

# Lake Health District d/b/a Lake District Hospital

## Statements of Cash Flows (Continued)

Years Ended June 30,	2022	2021
<b>Reconciliation of loss from operations to net cash used in operating activities:</b>		
Loss from operations	\$ (5,747,907)	\$ (5,652,586)
<b>Adjustments to reconcile loss from operations to net cash used in operating activities:</b>		
Depreciation and amortization	3,545,633	2,745,191
Provision for bad debts and other adjustments	2,438,731	2,492,999
<b>Changes in assets and liabilities:</b>		
<b>Receivables:</b>		
Patient accounts - Net	(2,693,013)	(4,593,926)
Other accounts receivable	144,675	(332,432)
Taxes receivable	(45,371)	63,907
Estimated third-party settlements	(1,182,556)	2,759,675
Inventory	(67,190)	(61,571)
Prepaid expenses	(7,929)	13,053
Accounts payable	413,720	347,273
Accrued salaries, payroll taxes, and benefits	267,837	192,982
Refundable advance	(4,470,950)	(747,804)
Total adjustments	(1,656,413)	2,879,347
Net cash used in operating activities	\$ (7,404,320)	\$ (2,773,239)
<b>Supplemental noncash capital and related and noncapital financing activities:</b>		
Partial discharge of PPP loan	\$ 4,381,899	\$ -
Assets financed with lease obligations	-	269,503



# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 1: Summary of Significant Accounting Policies

#### Reporting Entity

Lake Health District d/b/a Lake District Hospital (the "District") is a municipal corporation that owns and operates a 24-bed acute care hospital and a home health and hospice service in Lakeview, Oregon. The District provides healthcare services to patients in the south central Oregon market. The services provided include an acute care hospital, emergency room, home health and hospice, and the related ancillary procedures (lab, x-ray, etc.) associated with those services.

The District operates under the laws of the state of Oregon for municipal corporations and is exempt from federal income tax.

#### Discretely Presented Component Unit

Goose Lake Medical Services (GLMS) is a legally separate, tax-exempt corporation. GLMS provides healthcare services to patients in the southern Oregon and northern California market. The District and GLMS have shared board members and officers. These services and supplies are charged to GLMS, and any remaining balances are included in other receivables at June 30. GLMS is reported as a discretely presented component unit in the accompanying financial statements to emphasize that it is legally separate from the District. Separate financial statements for the component unit are not available.

#### Blended Component Unit

GLMS is the sole member of Lakeview Gardens, LLC (LVG), which is presented as a blended component unit of GLMS. The license for long-term care was transferred from the District on December 1, 2014, to LVG. LVG assumed the license and entered into a lease of the skilled nursing facility building, as well as staff from the District effective December 1, 2014.

#### Method of Accounting

The District's financial statements are presented using the economic resources measurement focus and the accrual basis of accounting. The financial statements have been prepared in accordance with generally accepted accounting principles in the United States of America (GAAP) as prescribed by the Governmental Accounting Standards Board (GASB).

#### Budgetary Information

*Oregon Revised Statutes* (ORS) 440.403 establishes standard procedures relating to the preparation, adoption, and execution of the annual budget. Budgetary comparisons for enterprise funds are not required by GAAP. Accordingly, such comparisons of approved budgeted amounts with actual results of operations for individual funds prepared on a basis other than GAAP are set forth as supplementary information. Expenditure levels of control are personnel services, materials and services, capital outlay, debt services, and contingencies. After a public hearing on the budget, it is adopted, and appropriations are made by June 30, which is prior to the start of the fiscal year.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### **Note 1: Summary of Significant Accounting Policies (Continued)**

#### **Budgetary Information (Continued)**

Expenditures legally cannot exceed appropriations and lapse at fiscal year-end. Action of the Board of Directors may transfer appropriations between control or amend the budget with notice. The Board may change the budget throughout the year by transferring appropriations between levels of control and by adopting a supplemental budget. A supplemental budget requires hearings before the public, publication in newspapers, and approval by the Board. Expenditure appropriations may not legally be over-expended except in the case of grant receipts that could not be reasonably estimated at the time the budget was adopted and for debt service on new debt issued during the budgeted year. Management may transfer budget amounts between individual line items within the function group, but cannot make changes to the function groups themselves, which is the legal level of control.

Financial position, results of operations, and changes in net position are reported on the basis of GAAP. The budgetary basis of accounting differs from GAAP. The budgetary-basis statements provided as part of supplementary information elsewhere in this report are presented on the budgetary basis to provide a meaningful comparison of actual results and the budget.

The budgetary basis of accounting is substantially the same as GAAP, with the exceptions that capital outlay expenditures are expensed when purchased, depreciation is not calculated, compensated absences are expensed when paid rather than when incurred, and principal payment on and proceeds from long-term debt are recorded in revenue when received and in expenditures when paid.

#### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that directly 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 revenue and expenses during the reporting period. Actual results may differ from these estimates.

The District considers significant accounting estimates to be those which require significant judgments and include the valuation of accounts receivable, including contractual allowances, allowance for doubtful accounts, and the estimated third-party payor settlements, and the revenue recognized as a result of provider relief fund payments.

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

Cash and cash equivalents include highly liquid debt instruments with original maturity dates of three months or less.

#### **Patient Accounts Receivable and Credit Policy**

Patient accounts receivable are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances. These obligations are primarily from local residents, most of whom are insured under third-party payor agreements.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### **Note 1: Summary of Significant Accounting Policies (Continued)**

#### **Patient Accounts Receivable and Credit Policy (Continued)**

The District bills third-party payors on the patients' behalf, or, if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary payor is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient accounts receivable are applied to the specific claim identified on the remittance advice or statement. The District charges interest on past due accounts on a monthly basis.

Patient accounts receivable are recorded in the accompanying statements of net position net of contractual adjustments and allowances for doubtful accounts, which reflect management's estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable.

In evaluating the collectibility of patient receivables, the District analyzes past results 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. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, 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 for expected uncollectible deductibles and copayments on accounts that 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, the District records a significant 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 doubtful accounts.

#### **Unearned Revenue**

Unearned revenue arise when resources are unearned by the District and received before it has a legal claim to them, as when grant monies are received prior to the incurrence of qualifying expenditures. In subsequent periods, when both revenue recognition criteria are met, or when the District has a legal claim to the resources, the liability for unearned revenue is removed from the applicable financial statement and revenue is recognized. Unearned revenue consists of receipts of federal awards for which the earnings process was not yet completed at June 30, 2022 and 2021 because the eligibility requirements were not yet met.

#### **Property Taxes**

Property taxes are levied by the District and collected by the Lake County Treasurer for operations. These funds are used to support general operations. Property taxes are levied by the County on the District's behalf once a year and intended to finance the District's activities of the same calendar year. Taxes are billed and collected by Lake County, and remittance to the District is made at periodic intervals. Any property tax balances due to the County after May 15 are considered delinquent. Property tax revenues are recognized when levied.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 1: Summary of Significant Accounting Policies (Continued)

#### Property Taxes (Continued)

No allowance for doubtful taxes receivable is considered necessary.

For the fiscal year ended June 30, 2022, the District levied its property taxes at the rate of \$2.0311 per \$1,000 of assessed property value. The funds used to support operations were \$1,800,212 and \$1,981,460 for the years ended June 30, 2022 and 2021, respectively. The District received approximately 4% of its financial support from property taxes for the years ended June 30, 2022 and 2021.

#### Inventory

Inventory is valued at the lower of cost, determined on the first-in, first-out method, or net realizable value. Inventory consists of pharmaceutical, medical-surgical, and other supplies used in the operation of the District.

#### Capital Assets

Capital asset acquisitions exceeding \$5,000 are capitalized and recorded at cost. Expenditures for maintenance and repairs are charged to expense as incurred. Contributed capital assets are reported at their acquisition value at the time of their donation. Generally, assets with a useful life of less than one year are expensed in the year of purchase.

When capitalized assets are disposed, the related costs and accumulated depreciation and amortization are removed from the account, and the resulting gain or loss is classified in nonoperating revenue and expenses.

All capital assets other than land and construction in progress are depreciated using the straight-line method of depreciation and these asset lives:

- Land improvements 15 to 20 years
- Buildings and building improvements 20 to 40 years
- Equipment, computers, and furniture 3 to 7 years

Equipment under lease obligations is amortized on the straight-line method over the shorter period of the lease term or estimated useful life of the equipment.

#### Accrued Vacation

The District's employees accumulate paid time-off (PTO) days comprised of vacation, holidays, personal days, and sick days at varying rates depending on years of service. New employees are not eligible to take PTO until after their first 500 hours of employment. Should a newly hired employee terminate employment before his or her 500 hours are completed, the employee will not be eligible to receive payment for any accumulated PTO. Employees may carry over a maximum of two years of accumulated PTO from one year to the next.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### **Note 1: Summary of Significant Accounting Policies (Continued)**

#### **Accrued Vacation (Continued)**

Employees with PTO in excess of the combined two-year accrual may receive cash payment for excess hours of PTO with the approval of management. Upon termination, employees shall be paid all accrued, but unused vacation hours, provided they have given the notice required by personnel policies, and the employee has not been terminated for cause.

#### **Net Position**

Net position is reported in three categories:

*Net investment in capital assets:* This category consists of capital assets, net of accumulated depreciation, reduced by the outstanding balance of any long-term debt used to build, acquire, or improve those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the construction, acquisition, or improvement of those assets or the related debt are also included in this category.

*Restricted:* This category consists of noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the facility or noncapital net position that has been restricted by donors to be maintained in perpetuity.

*Unrestricted:* This category consists of the remaining net position that does not meet the definition of the two preceding categories.

When both restricted and unrestricted resources are available for use, it is the District's policy to use externally restricted resources first.

#### **Operating Revenue and Expenses**

The District's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenue and expenses. Operating revenue results from exchange transactions associated with providing healthcare services, which is the District's principal activity. Nonexchange revenue, including grants, property taxes, and contributions received for purposes other than capital asset acquisition are reported as nonoperating revenue. Operating expenses are all expenses incurred to provide healthcare services, excluding financing costs.

#### **Net Patient Service Revenue**

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. Estimated uncollectible revenue is reported as a provision for bad debts in the financial statements. 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. Some healthcare is provided with the knowledge it will not be reimbursed. This is reported in charity care.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### **Note 1: Summary of Significant Accounting Policies** (Continued)

#### **Net Patient Service Revenue** (Continued)

For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the District records a provision for bad debts related to uninsured patients in the period the services are provided.

#### **Charity Care**

The District provides care to patients who meet certain criteria under its charity care (discounted services) policy without charge or at amounts less than established rates. The District maintains records to identify and monitor the level of charity care (discounted services) provided.

#### **Grants and Contributions**

From time to time, the District receives grants from the federal government and the State of Oregon, as well as contributions from individuals and private organizations. Revenue from grants and contributions, including contributions of capital assets, are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenue in the year received.

Gifts, grants, and bequests restricted by donors for specific purposes are recorded in the restricted fund and transferred to the unrestricted fund when amounts are expended for their restricted purpose. When restricted funds are used for operations, these amounts are reflected in the statements of revenues, expenses, and changes in net position as other operating revenue.

#### **Tax Status**

GLMS is a tax-exempt corporation and is exempt from federal income taxes on related income pursuant to Section 509(a)(2) of the Internal Revenue Code (IRC). It is also exempt from state income taxes on related income. Management believes GLMS has taken no uncertain tax positions and its tax returns for the years ended June 30, 2022, 2021, and 2020 are subject to examination.

#### **Reclassifications**

Certain reclassifications have been made to the 2021 financial statements to conform to the 2022 classifications. Such reclassifications had no effect on the amounts of previously-reported net position.

#### **New Accounting Pronouncement**

In June 2017, the Governmental Accounting Standards Board (GASB) issued GASB Statement number 87 - *Leases*.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 1: Summary of Significant Accounting Policies (Continued)

#### New Accounting Pronouncement (Continued)

The statement enhances the relevance and consistency of reporting for the District's leasing activity by establishing requirements for lease accounting based on the principle that leases are financings of underlying right-to-use assets. A lessee is required to recognize a lease liability and intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and deferred inflow of resources. The adoption of this guidance was retroactive for the year ended. The adoption of this guidance did not affect beginning net position for the year ended June 30, 2021, and accordingly restatement of beginning net position for the year ended June 30, 2021, was necessary. Ending June 30, 2021, net position was unchanged because the effect of the difference in accounting policy for leases resulted in a trivial difference to expenses recognized during that period.

#### Note 2: Cash and Cash Equivalents

The District maintains depository relationships with area financial institutions that are Federal Depository Insurance Corporation (FDIC) insured institutions. Depository accounts at these institutions are insured by the FDIC up to \$250,000 for time deposits and an additional \$250,000 for demand deposits. At June 30, 2022, the District exceeded the insured limits. However, this excess is collateralized with securities held by the pledging financial institution's trust department or agent not in the depositor's name.

Oregon Revised Statute (ORS) Chapter 295 requires all Oregon bank depositories holding public fund deposits to maintain securities totaling a value not less than 110% of the greater of:

- (a) All public funds held by the bank depository; or
- (b) The average of the balances of public funds held by the bank depository, as shown on the last four immediately preceding treasurer reports.

The District is a participant in the State of Oregon Local Government Investment Pool (LGIP), which is included in the Oregon Short-Term Fund. The Short-Term Fund is not registered with the U.S. Securities and Exchange Commission as an investment company. Investments in the Short-Term Fund are governed by ORS 294.135, the Oregon Investment Council, and portfolio guidelines issued by the Oregon Short-Term Fund Board. The LGIP pool shares are bought and redeemed at \$1 based on the amortized cost of the underlying investments. Participants in the LGIP have the right to withdraw their funds in total with one day's notice.

The investment in the LGIP is not subject to the fair value hierarchy disclosures.

The District considers all investments to be cash and cash equivalents. All final decisions regarding the purchase and sale of investment securities remain with the District Board. The District maintains an investment policy in compliance with ORS 293, which is designed to preserve principal and limit the following types of risk:

*Credit risk* - The risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is typically measured by the assignment of a rating by a nationally recognized statistical rating organization. The LGIP is not rated by any national rating service.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 2: Cash and Cash Equivalents (Continued)

*Concentration of credit risk* - The inability to recover the value of deposits, investments, or collateral securities in the possession of an outside party caused by a lack of diversification (investments acquired from a single issuer).

*Interest rate risk* - The possibility that an interest rate change could adversely affect an investment's fair value.

*Custodial credit risk* - The risk that, in the event of a bank failure, the District's deposits may not be returned to it. ORS 295.0002 provides for funds deposited in excess of \$250,000 to be held only in a depository qualified by the Oregon Public Funds Collateralization Program (PFCP). The District's deposits are held by a depository qualified under PFCP for the years ended June 30, 2022 and 2021.

The District does not have a policy for credit risk, concentration of credit risk, interest rate risk, or custodial credit risk.

Cash and cash equivalents consisted of the following:

<i>June 30,</i>	2022	2021
Demand deposits	\$ 7,911,286	\$ 18,332,897
Cash on hand	5,490	5,390
<b>Total cash and cash equivalents</b>	<b>\$ 7,916,776</b>	<b>\$ 18,338,287</b>

Cash and cash equivalents consisted of the following for GLMS, a discretely presented component unit of the District:

<i>June 30,</i>	2022	2021
Demand deposits	\$ 261,283	\$ 652,190

The composition of cash and cash equivalents consisted of the following:

<i>June 30,</i>	2022	2021
Current:		
Unrestricted	\$ 5,795,936	\$ 16,711,923
Noncurrent:		
Restricted for debt service	909,373	427,784
Restricted for endowment provisions	617,113	602,970
Unrestricted board designated	594,354	595,610
<b>Totals</b>	<b>\$ 7,916,776</b>	<b>\$ 18,338,287</b>



# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### **Note 2: Cash and Cash Equivalents (Continued)**

#### **Restricted for Debt Service**

Restricted cash consists of County deposits held in trust for debt service payments.

#### **Restricted for Endowment Provisions**

Funds restricted by donor and held in perpetuity. Unless stated otherwise by the donor, the assets in the endowment fund are considered restricted assets and are reported in restricted net position until appropriated for expenditure by the governing board. Oregon state law does not restrict the ability to spend net appreciation of endowment funds. Net appreciation on investments of donor-restricted endowments consisted of \$131,463 and \$117,320 at June 30, 2022 and 2021, respectively.

#### **Board Designated Held for Capital Projects and Equipment**

Capital project funds are funded with bond proceeds and consist of assets restricted to fund future construction of capital assets.

### **Note 3: Reimbursement Arrangement With Third-Party Payors**

The District provides services to patients under contractual agreements with the Medicare and Medicaid programs. Differences between gross revenue charged and reimbursement under each of the various programs are included in revenue deductions and allowances. Gross revenue billed under the Medicare and Medicaid programs totaled \$31,602,418 and \$32,389,419 for the years ended June 30, 2022 and 2021, respectively.

#### **Medicare**

The District's hospital is designated as a Critical Access Hospital (CAH). As a CAH, the District's inpatient and outpatient services provided to Medicare program beneficiaries are paid for based on a cost-reimbursement methodology. The District's clinics are certified as Rural Health Clinics (RHC). For RHCs, services provided to Medicare program beneficiaries are paid based on a cost-reimbursement methodology. The District is reimbursed for cost at a tentative rate, with final settlement determined after submission of annual cost reports by the District and settlements thereof by the Medicare fiscal intermediary. The Medicare program's administrative procedures preclude final determination of amounts due to the District for such services until three years after the District's cost reports are settled or otherwise reviewed and settled on by the Medicare intermediary.

#### **Medicaid**

For CAHs, inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost-reimbursement methodology. The District is reimbursed at a tentative rate, with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicaid fiscal intermediary. Medicaid reimburses RHCs on a prospective rate that is based on historical cost, without any cost report settlement at year-end.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### **Note 3: Reimbursement Arrangement With Third-Party Payors (Continued)**

#### **Other**

The District also 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 per discharge, reimbursed costs, discounted charges, and per diem payments.

#### **Accounting for Contractual Arrangements**

The District is reimbursed for certain cost-reimbursable items at an interim rate, with final settlements determined after an audit of the District's related annual cost reports by the respective Medicare and Medicaid fiscal intermediaries. Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying financial statements. The cost reports for the District have been final settled by Medicare and Medicaid through June 30, 2019 and 2017, respectively.

#### **Laws and Regulations**

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and billing regulations. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayment for patient services previously billed. While no significant regulatory inquiries have been made of the District, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Centers for Medicare & Medicaid Services (CMS) uses recovery audit contractors (RAC) to search for potentially inaccurate Medicare payments that might have been made to healthcare providers and were not detected through existing CMS program integrity efforts. Once a RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The District may either accept or appeal the RAC's findings. A RAC review of the District's Medicare claims is anticipated; however, the outcome of such a review is unknown, and any financial impact cannot be reasonably estimated at this time.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 4: Property Taxes Receivable

The schedule of property tax transactions and outstanding balances follows:

Fiscal Year	Receivable July 1, 2021	2021-2022 Net Levy	Discounts	Adjustments	Interest	Cash Collections	Receivable June 30, 2022
2021-2022	\$ -	\$ 1,800,212	\$ 50,705	\$(3,570,195)	\$ 191	\$ 1,836,121	\$ 117,034
2020-2021	65,614	-	-	(63,060)	322	29,980	32,856
2019-2020	35,073	-	-	(34,620)	414	16,206	17,073
2018-2019	19,627	-	-	(24,854)	456	11,518	6,747
2017-2018	7,513	-	-	(11,305)	241	5,051	1,500
2016-2017	2,099	-	-	(2,098)	42	650	693
Prior	3,418	-	-	(1,436)	64	766	2,812
<b>Totals</b>	<b>\$ 133,344</b>	<b>\$ 1,800,212</b>	<b>\$ 50,705</b>	<b>\$(3,707,568)</b>	<b>\$ 1,730</b>	<b>\$ 1,900,292</b>	<b>\$ 178,715</b>

The schedule of property tax transactions and outstanding balances at June 30, 2021, follows:

Fiscal Year	Receivable July 1, 2020	2020-2021 Net Levy	Discounts	Adjustments	Interest	Cash Collections	Receivable June 30, 2021
2020-2021	\$ -	\$ 1,981,460	\$ (52,015)	\$ 45,075	\$ 1,423	\$(1,910,330)	\$ 65,613
2019-2020	77,438	-	-	(5,073)	3,022	(40,314)	35,073
2018-2019	34,959	-	-	16,402	2,476	(34,211)	19,626
2017-2018	20,278	-	-	(4,508)	3,275	(11,532)	7,513
2016-2017	13,730	-	-	(2,629)	1,454	(10,456)	2,099
2015-2016	11,340	-	-	(1,313)	200	(8,919)	1,308
Prior	39,506	-	-	(10,877)	181	(26,698)	2,112
<b>Totals</b>	<b>\$ 197,251</b>	<b>\$ 1,981,460</b>	<b>\$ (52,015)</b>	<b>\$ 37,077</b>	<b>\$ 12,031</b>	<b>\$(2,042,460)</b>	<b>\$ 133,344</b>

### Note 5: Other Receivables

Other receivables consisted of the following:

June 30,	2022	2021
Other receivables:		
Other accounts receivable	\$ 119,993	\$ 258,917
Education/recruiting loans to providers	415,513	375,893
<b>Totals</b>	<b>\$ 535,506</b>	<b>\$ 634,810</b>

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 6: Patient Accounts Receivable

Patient accounts receivable - Net consisted of the following:

<i>June 30,</i>	2022	2021
Patient accounts receivable:		
Medicare	\$ 4,865,090	\$ 4,590,501
Medicaid	3,034,985	1,807,468
Commercial and other	3,508,082	4,979,935
Self-pay	538,577	671,501
<b>Total patient accounts receivable</b>	<b>11,946,734</b>	<b>12,049,405</b>
Less:		
Contractual adjustments	2,682,536	2,987,387
Allowance for doubtful accounts	187,414	239,516
<b>Patient accounts receivable - Net</b>	<b>\$ 9,076,784</b>	<b>\$ 8,822,502</b>

Patient accounts receivable - Net consisted of the following for GLMS, a discretely presented component unit of the District:

<i>June 30,</i>	2022	2021
Patient accounts receivable:		
Medicare	\$ 329,906	\$ 229,174
Medicaid	586,946	154,509
Commercial and other	94,025	65,779
Self-pay	176,050	49,051
<b>Total patient accounts receivable</b>	<b>1,186,927</b>	<b>498,513</b>
<b>Allowance for doubtful accounts</b>	<b>15,000</b>	<b>15,000</b>
<b>Patient accounts receivable - Net</b>	<b>\$ 1,171,927</b>	<b>\$ 483,513</b>

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 7: Capital Assets

Capital assets consisted of the following:

	Balance July 1, 2021	Additions	Transfer	Retirements	Balance June 30, 2022
<b>Nondepreciable assets:</b>					
Land	\$ 183,735	\$ -	\$ -	\$ -	183,735
Construction in progress	1,129,077	20,963	(142,762)	(986,918)	20,360
<b>Total nondepreciable capital assets</b>	<b>1,312,812</b>	<b>20,963</b>	<b>(142,762)</b>	<b>(986,918)</b>	<b>204,095</b>
<b>Depreciable assets:</b>					
Land improvements	948,088	-	-	-	948,088
Buildings and improvements	45,699,617	224,892	142,762	-	46,067,271
Software	1,760,994	-	-	-	1,760,994
Equipment	5,889,768	574,418	-	-	6,464,186
<b>Total depreciable capital assets</b>	<b>54,298,467</b>	<b>799,310</b>	<b>142,762</b>	<b>-</b>	<b>55,240,539</b>
<b>Total capital assets before depreciation</b>	<b>55,611,279</b>	<b>820,273</b>	<b>-</b>	<b>(986,918)</b>	<b>55,444,634</b>
<b>Total accumulated depreciation</b>	<b>26,892,008</b>	<b>2,333,039</b>	<b>-</b>	<b>-</b>	<b>29,225,047</b>
<b>Total depreciable assets - Net</b>	<b>28,719,271</b>	<b>(1,512,766)</b>	<b>-</b>	<b>(986,918)</b>	<b>26,219,587</b>
<b>Right of use assets</b>					
Equipment	1,216,905	-	-	-	1,216,905
<b>Accumulated amortization right of use assets</b>	<b>694,176</b>	<b>225,673</b>	<b>-</b>	<b>-</b>	<b>919,849</b>
<b>Total right of use assets</b>	<b>522,729</b>	<b>(225,673)</b>	<b>-</b>	<b>-</b>	<b>297,056</b>
<b>Capital assets - Net</b>	<b>\$ 29,242,000</b>	<b>\$ (1,512,766)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,516,643</b>

At June 30, 2022, construction in progress consisted of costs associated with the pharmacy remodel, which is expected to be finished in June of 2024 at an estimated additional cost of \$70,600.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 7: Capital Assets (Continued)

	Balance July 1, 2020	Additions	Transfers	Retirements	Balance June 30, 2021
<b>Nondepreciable assets:</b>					
Land	\$ 183,735	\$ -	\$ -	\$ -	\$ 183,735
Construction in progress	927,064	207,525	(5,512)	-	1,129,077
<b>Total nondepreciable capital assets</b>	<b>1,110,799</b>	<b>207,525</b>	<b>(5,512)</b>	<b>-</b>	<b>1,312,812</b>
<b>Depreciable assets:</b>					
Land improvements	948,088	-	-	-	948,088
Buildings and improvements	45,383,192	310,913	5,512	-	45,699,617
Software	1,760,994	-	-	-	1,760,994
Equipment	5,448,716	441,052	-	-	5,889,768
<b>Total depreciable capital assets</b>	<b>53,540,990</b>	<b>751,965</b>	<b>5,512</b>	<b>-</b>	<b>54,298,467</b>
<b>Total capital assets before depreciation</b>	<b>54,651,789</b>	<b>959,490</b>	<b>-</b>	<b>-</b>	<b>55,611,279</b>
<b>Total accumulated depreciation</b>	<b>24,372,490</b>	<b>2,490,001</b>	<b>-</b>	<b>-</b>	<b>26,892,008</b>
<b>Total depreciable assets - Net</b>	<b>30,279,299</b>	<b>(1,530,511)</b>	<b>-</b>	<b>-</b>	<b>28,719,271</b>
<b>Right of use assets:</b>					
Equipment	1,020,128	196,777	-	-	1,216,905
<b>Accumulated amortization right of use assets</b>	<b>468,503</b>	<b>225,673</b>	<b>-</b>	<b>-</b>	<b>694,176</b>
<b>Total right of use assets</b>	<b>551,625</b>	<b>(28,896)</b>	<b>-</b>	<b>-</b>	<b>522,729</b>
<b>Capital assets - Net</b>	<b>\$ 30,830,924</b>	<b>\$ (1,559,407)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 29,242,000</b>

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 8: Long-Term Obligations

Long-term obligations consisted of the following:

	Balance July 1, 2021	Additions	Reductions	Balance June 30, 2022	Amounts Due Within One Year
Direct placements:					
USDA General Obligation Bonds	\$ 6,433,253	\$ -	\$ (199,747)	\$ 6,233,506	\$ 214,908
Washington Federal 2015 Bonds	11,591,993	-	(491,317)	11,100,676	334,417
Washington Federal 2016 Bonds	12,977,935	-	(665,434)	12,312,501	430,101
Direct borrowings:					
Paycheck Protection Program loan	5,142,110	-	(4,704,861)	437,249	162,156
<b>Total long-term debt</b>	<b>\$ 36,145,291</b>	<b>\$ -</b>	<b>\$ (6,061,359)</b>	<b>\$ 30,083,932</b>	<b>\$ 1,141,582</b>

Long-term debt obligations consisted of the following

	Balance July 1, 2020	Additions	Reductions	Balance June 30, 2021	Amounts Due Within One Year
Direct placements:					
USDA General Obligation Bonds	\$ 6,641,803	\$ -	\$ (208,550)	\$ 6,433,253	\$ 207,140
Washington Federal 2015 Bonds	11,906,331	-	(314,338)	11,591,993	520,794
Washington Federal 2016 Bonds	13,382,702	-	(404,767)	12,977,935	416,704
Direct borrowings:					
Paycheck Protection Program loan	5,142,110	-	-	5,142,110	196,573
<b>Total long-term debt</b>	<b>\$ 37,072,946</b>	<b>\$ -</b>	<b>\$ (927,655)</b>	<b>\$ 36,145,291</b>	<b>\$ 1,341,211</b>

The terms and due dates of the District's long-term obligations consisted of the following:

#### *Direct placements:*

**USDA General Obligation Bonds** - Note dated March 13, 2012, in the amounts of \$8,000,000 and \$550,000 for the purpose of providing permanent financing for the funds initially borrowed through the US Bank Bond Anticipation Note (BAN). The bonds have a 30-year term and are due in annual installments of \$448,720, including principal and interest at 3.75%. The bonds are collateralized by the full faith and credit of the District and have a reserve account requirement of \$44,872 and \$2,677 per year at June 30, 2022 and 2021, respectively, until \$448,720 and \$26,763, respectively, has been accumulated. The District had accumulated \$909,373 and \$427,784 in the reserve account as of June 30, 2022 and 2021, respectively.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 8: Long-Term Obligations (Continued)

**Washington Federal 2015 Bonds** - Note dated October 22, 2015, in the amount of \$13,250,000, due in monthly installments of \$56,580, including variable interest at 3.10% through November 2025, which is based on the repayment schedule. Series A Bond issued totaling \$13,250,000 to pay off Washington Federal 2012 Loan A, Washington Federal 2012 Loan B, State of Oregon ED Project Loan, and USDA Revenue Bonds. The note also issued Revenue Bonds 2015B, Series B Bonds totaling \$5,500,000, but had not drawn on these funds as of the issuance date. The bonds shall not be unlimited general tax obligations of the District, but shall be payable solely from the revenues, including limited tax revenues, the District pledges to payment of the bonds.

**Washington Federal 2016 Bonds** - The District issued Draw Down Revenue Bonds Series 2016, and draws at year-end totaled \$12,312,501 to finance construction for the long-term care and assisted living facility, clinic facility, and ambulance facility. The bonds have a maturity date of November 1, 2043, with interest payments beginning on December 1, 2016, and first principal and interest payments beginning on December 1, 2018. Interest is paid on the drawn down balance at a rate of 2.91%. The bonds shall not be unlimited general tax obligations of the District but shall be payable solely from the revenues, including limited tax revenues, the District pledges for payment of the bonds.

#### Direct borrowings:

**Paycheck Protection Program Loan** - In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES Act) created and funded the Small Business Administration (SBA) Paycheck Protection Program (PPP) to provide loans designated to help small businesses cover their near-term operating expenses and to provide an incentive to retain their employees during the COVID-19 crisis. The Hospital applied and was approved for a loan of \$5,142,110 of which, \$4,364,558 was forgiven in January 2022. The portion of the loan that is not forgiven has a maturity date of December 17, 2023, with interest at 1%.

Scheduled principal and interest payments on bonds and notes payable are as follows:

Years Ending June 30,	Bonds and Notes Payable		Direct Borrowings	
	Principal	Interest	Principal	Interest
2023	\$ 979,426	\$ 937,084	\$ 162,156	\$ 4,835
2024	1,010,685	905,825	275,093	1,093
2025	1,042,950	873,560	-	-
2026	1,076,256	840,254	-	-
2027	1,110,635	805,875	-	-
2028-2032	6,108,942	3,473,604	-	-
2033-2037	7,150,963	2,419,655	-	-
2038-2042	8,371,608	1,209,892	-	-
2043-2047	2,795,218	136,836	-	-
<b>Totals</b>	<b>\$ 29,646,683</b>	<b>\$ 11,602,585</b>	<b>\$ 437,249</b>	<b>\$ 5,928</b>



# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 9: Lease Obligations

Changes in leases payable consisted of the following for the years ended June 30:

	Balance July 1, 2021	Additions	Reductions	Balance June 30, 2022	Amounts Due Within One Year
CT Lease	\$ 47,099	\$ -	\$ (47,099)	\$ -	-
GE DePuySynthes	99,670	-	(79,201)	20,469	20,469
First American	214,686	-	(53,552)	161,134	53,898
RICOH	169,725	-	(37,385)	132,340	38,907
<b>Total capital leases obligations</b>	<b>\$ 531,180</b>	<b>\$ -</b>	<b>\$ (217,237)</b>	<b>\$ 313,943</b>	<b>\$ 113,274</b>

	Balance July 1, 2020	Additions	Reductions	Balance June 30, 2021	Amounts Due Within One Year
CT Lease	\$ 125,724	\$ -	\$ (78,625)	\$ 47,099	\$ 47,099
GE DePuySynthes	176,073	-	(76,403)	99,670	79,201
First American	269,503	-	(54,817)	214,686	53,552
RICOH	-	196,777	(27,052)	169,725	37,384
<b>Total capital leases obligations</b>	<b>\$ 571,300</b>	<b>\$ 196,777</b>	<b>\$ (236,897)</b>	<b>\$ 531,180</b>	<b>\$ 217,236</b>

The District has also entered into rental agreements that do not meet the criteria for capitalization, with related rentals charged to operations as incurred. Rental expense for these agreements amounted to \$737,289 and \$929,121 for the years ended June 30, 2022 and 2021, respectively.

The District is also a lessor for agreements that do not meet the criteria for recognizing a lease receivable or related deferred inflow of resources related to leases. Lease revenue for these agreements amounted to \$543,282 and \$530,782 for the years ended June 30, 2022 and 2021, respectively.

Future minimum lease payments as of June 30, 2022, are:

<i>Years Ending June 30,</i>	Principal	Interest	Total
2023	\$ 113,274	\$ 5,626	\$ 118,900
2024	94,738	3,571	98,309
2025	95,130	1,571	96,701
2026	10,801	70	10,871
<b>Totals</b>	<b>\$ 313,943</b>	<b>\$ 10,838</b>	<b>\$ 324,781</b>

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 9: Lease Obligations (Continued)

#### Lease Agreements

**Siemens CT Lease** - Lease due January 2022 in monthly installments of \$6,808, including interest of 0.28%. All capitalized leases payable are collateralized by the equipment under lease.

**GE DePuySynthes Lease** - Lease due October 2022 in monthly installments of \$6,790, including interest of 3.60%. All capitalized leases payable are collateralized by the equipment under lease.

**First American Lease** - Lease due May 2025 in quarterly installments of \$13,704, including interest of 0.64%. All capitalized leases payable are collateralized by the equipment under lease.

**Ricoh Office Lease** - Lease due September 2025 in monthly installments of \$3,624, including interest of 4.0%. All capitalized leases payable are collateralized by the equipment under lease.

### Note 10: Net Patient Service Revenue

Net patient service revenue consisted of the following:

<i>Years Ended June 30,</i>	2022	2021
Gross patient service revenue:		
Inpatient services	\$ 10,493,098	\$ 10,655,034
Outpatient services	38,811,573	36,791,628
<b>Total gross patient service revenue</b>	<b>49,304,671</b>	<b>47,446,662</b>
Less:		
Contractual adjustments	11,090,738	10,187,535
Provision for bad debts and other adjustments	2,438,731	2,563,255
<b>Net patient service revenue</b>	<b>\$ 35,775,202</b>	<b>\$ 34,695,872</b>

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 10: Net Patient Service Revenue (Continued)

The following table reflects the percentage of gross patient service revenue by payor source:

<i>Years Ended June 30,</i>	2022	2021
Medicare	39 %	36 %
Medicaid	21 %	14 %
Other third-party payors	35 %	45 %
Self-pay	5 %	5 %
<b>Totals</b>	<b>100 %</b>	<b>100 %</b>

Discretely-presented component unit net patient service revenue consisted of the following:

<i>Years Ended June 30,</i>	2022	2021
Gross patient service revenue - Outpatient services	\$ 3,451,635	\$ 3,653,154
Less - Contractual adjustments	154,534	324,903
<b>Net patient service revenue</b>	<b>\$ 3,297,101</b>	<b>\$ 3,328,251</b>

### Note 11: Retirement Plans

#### Defined Contribution Retirement Plan

The District established a defined contribution retirement plan, Lake Health District Pension Plan and Trust Agreement, on July 1, 2000, which provides retirement benefits to employees of the District. The Plan is a profit sharing plan established under Section 401(a) of the IRC. The plan covers full-time employees and part-time employees who have worked at least one year.

The District provides a deferred compensation plan to substantially all employees under Section 457 of the IRC. The deferred compensation plan is funded solely from employee contributions, which are deposited with an insurance company. Some employees are eligible to participate only if they agree to contribute to the deferred compensation plan. Each pay period, the District contributes 6% of employee compensation. The contributions are vested at 20% after two years of service, with graduated increases until vesting reaches 100% after six years of service. Unvested portions of District contributions and interest forfeited by employees who leave employment before six years of service are used to reduce the District's current-period contribution requirement. The District made the required contributions of \$517,528 and \$630,277 for the years ended June 30, 2022 and 2021, respectively. The Plan had \$51,421 and \$6,278 in forfeitures during the years ended June 30, 2022 and 2021, respectively. No employee contributions were made to this plan.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 12: Risks and Uncertainties

#### COVID-19

Specific to the District, COVID-19 impacted various aspects of operations and financial results for the year ended June 30, 2022, including investment return, contribution revenue, and expenses for program services. The anticipated increasing demand for program service funding, combined with reduced investment returns in the current fiscal year, led management to apply for assistance under the PPP, as discussed in Note 8. Management believes the District has taken appropriate actions in response to the pandemic.

#### Liability Insurance

The District has its professional liability insurance coverage with Washington Casualty Insurance Company. The policy provides protection on a "claims made" basis whereby malpractice claims related to services provided in the current year are covered by the current policy.

The District maintains primary and umbrella general and professional liability insurance coverage "claims made" types of policies. Current coverage is for \$1,000,000 per claim with a \$5,000,000 annual aggregate limit, plus \$1,000,000 annual excess coverage per claim with a \$1,000,000 annual aggregate. There are no significant deductibles or coinsurance clauses.

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the District. The District does not believe potential claims are significant and accordingly has not provided a reserve for potential claims from services provided to patients through June 30, 2022, that have not yet been asserted.

The District is also exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; injuries to employees; and natural disasters. The District carries commercial insurance for these risks of loss. Settled claims resulting from these risks have not exceeded the commercial insurance coverage in any of the past three years.

### Note 13: Concentration of Credit Risk

Financial instruments that potentially subject the District to credit risk consist principally of patient accounts receivable. Patient accounts receivable consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for healthcare provided to the patients.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 13: Concentration of Credit Risk (Continued)

The mix of receivables from patients and third-party payors consisted of the following:

<i>June 30,</i>	2022	2021
Medicare	37 %	21 %
Medicaid	23 %	25 %
Other third-party payors	36 %	33 %
Self-pay	4 %	21 %
<b>Totals</b>	<b>100 %</b>	<b>100 %</b>

### Note 14: Medicare Advance Payment

As a result of the COVID-19 pandemic, the Centers for Medicare & Medicaid Services offered an accelerated and advance payment program, which gave healthcare providers the opportunity to receive an advance on future Medicare payments. The District received a Medicare Advance Payment of \$6,251,414 in April 2020. Repayment of the Medicare Advance Payment began 12 months after receipt of the advance, with a portion of Medicare payments being withheld until the advance is paid-in-full. Medicare will withhold 25% of net Medicare payments during the 12th through 23rd months after the original advance and 50% of net Medicare payments during the 24th through 29th month after the original advance. Interest will be charged on any remaining balance after the 29th month at an annual rate of 4.0%. The District reported a net liability totaling \$1,780,464 and \$6,251,414 at June 30, 2022 and 2021, respectively. The District received notice subsequent to year end that full remaining amount would be recouped in full effective immediately and the hospital has repaid the remaining balance in full.

### Note 15: Provider Relief Funds and Grant Revenue

During 2020, the District received \$4,724,596 in grant funding from the U.S. Department of Health & Human Services Provider Relief Fund, which was established as a result of the CARES Act. Based on the terms and conditions of the grant, the District earns the grant by incurring healthcare-related expenses attributable to COVID-19 that another source has not reimbursed and is not obligated to reimburse, or by incurring lost revenues, defined as a negative change in year-over-year net patient care operating income, net of healthcare-related expenses attributable to COVID-19. During 2021, the District recognized \$554,013 in grant revenue related to this program, which reflect management's estimate of the amount of the grant earned, including consideration for uncertainties related to reporting guidance still developing as of the date the financial statements were available to be issued. As of June 30, 2022 and 2021, the District recorded unearned revenue of \$555,082 and \$397,442, respectively for the amount of grants received, but not earned.

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

### Note 16: Condensed Financial Information for Component Units

The following is condensed financial information for Lakeview Gardens, a blended component unit of GLMS:

Condensed statements of net position - Blended component unit - Lakeview Gardens

<i>June 30,</i>	2022	2021
Assets:		
Current assets	\$ 1,245,351	\$ 683,703
<b>Total assets</b>	<b>\$ 1,245,351</b>	<b>\$ 683,703</b>
Net position - Unrestricted	\$ 1,245,351	\$ 683,703
<b>Total liabilities and net position</b>	<b>\$ 1,245,351</b>	<b>\$ 683,703</b>

Condensed statements of revenues, expenses, and changes in net position - Blended component unit - Lakeview Gardens

<i>Years Ended June 30,</i>	2022	2021
Operating revenue	\$ 2,756,528	\$ 2,996,389
Operating expenses	5,509,820	4,314,893
Loss from operations	(2,753,292)	(1,318,504)
Nonoperating revenue	3,314,940	1,621,453
Increase in net position	561,648	302,949
Net position - Beginning of year	683,703	380,754
<b>Net position - End of year</b>	<b>\$ 1,245,351</b>	<b>\$ 683,703</b>

# Lake Health District d/b/a Lake District Hospital

## Notes to Financial Statements

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### Note 16: Condensed Financial Information for Component Units (Continued)

Condensed statements of cash flows - Blended component unit - Lakeview Gardens

<i>Years Ended June 30,</i>	2022	2021
Cash flows from operating activities	\$ (3,522,415)	\$ (1,416,594)
Cash flows from noncapital financing activities	3,278,815	1,601,291
Change in cash and cash equivalents	(243,600)	184,697
Cash and cash equivalents - Beginning of the year	283,770	99,073
Cash and cash equivalents - End of year	\$ 40,170	\$ 283,770

### Note 17: Related-Party Transactions

District transfers to GLMS consisted of the following:

<i>Years Ended June 30,</i>	2022	2021
Operating transfers to Goose Lake Medical Services	\$ 3,077,193	\$ 2,243,485

# **Supplementary Information**

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# Lake Health District d/b/a Lake District Hospital

## Combining Statements of Net Position of GLMS and LVG

<i>June 30, 2022</i>	GLMS	LVG	Adjustments and Eliminations	Total
<b>Current assets:</b>				
Cash and cash equivalents	\$ 69,009	\$ 192,274	\$ -	\$ 261,283
Patient accounts - Net	118,850	1,053,077	-	1,171,927
Inventory	443,505	-	-	443,505
<b>TOTAL ASSETS</b>	<b>\$ 631,364</b>	<b>\$ 1,245,351</b>	<b>\$ -</b>	<b>\$ 1,876,715</b>
<b>Net position - Unrestricted</b>	<b>\$ 631,364</b>	<b>\$ 1,245,351</b>	<b>\$ -</b>	<b>\$ 1,876,715</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 631,364</b>	<b>\$ 1,245,351</b>	<b>\$ -</b>	<b>\$ 1,876,715</b>

# Lake Health District d/b/a Lake District Hospital

## Combining Statements of Net Position of GLMS and LVG (Continued)

<i>June 30, 2021</i>	GLMS	LVG	Adjustments and Eliminations	Total
Current assets:				
Cash and cash equivalents	\$ 368,420	\$ 283,770	\$ -	\$ 652,190
Patient accounts - Net	83,580	399,933	-	483,513
Inventories	466,745	-	-	466,745
<b>TOTAL ASSETS</b>	<b>\$ 918,745</b>	<b>\$ 683,703</b>	<b>\$ -</b>	<b>\$1,602,448</b>
Net position - Unrestricted	\$ 918,745	\$ 683,703	\$ -	\$1,602,448
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>\$ 918,745</b>	<b>\$ 683,703</b>	<b>\$ -</b>	<b>\$1,602,448</b>

# Lake Health District d/b/a Lake District Hospital

## Combining Statements of Revenues, Expenses, and Changes in Net Position of GLMS and LVG

<i>Year Ended June 30, 2022</i>	GLMS	LVG	Adjustments and Eliminations	Total
Revenue:				
Net patient service revenue	\$ 540,573	\$ 2,756,528	\$ -	\$ 3,297,101
Operating expenses:				
Salaries and wages	197,032	1,049,770	-	1,246,802
Employee benefits	67,744	702,074	-	769,818
Professional fees	63,083	2,742,305	-	2,805,388
Supplies	92,184	261,084	-	353,268
Purchased services	2,332	86,403	-	88,735
Other	27,598	668,184	-	695,782
Total operating expenses	449,973	5,509,820	-	5,959,793
Loss from operations	90,600	(2,753,292)	-	(2,662,692)
Operating transfers from (to) Lake Health District	(201,622)	3,278,815	-	3,077,193
Other income (expense)	(176,359)	36,125	-	(140,234)
Total nonoperating revenue	(377,981)	3,314,940	-	2,936,959
Increase (decrease) in net position	(287,381)	561,648	-	274,267
Net position - Beginning of year	918,745	683,703	-	1,602,448
Net position - End of year	\$ 631,364	\$ 1,245,351	\$ -	\$ 1,876,715

# Lake Health District d/b/a Lake District Hospital

## Combining Statements of Revenues, Expenses, and Changes in Net Position of GLMS and LVG (Continued)

<i>Year Ended June 30, 2021</i>	GLMS	LVG	Adjustments and Eliminations	Total
Revenue:				
Net patient service revenue	\$ 331,862	\$ 2,996,389	\$ -	\$ 3,328,251
Operating expenses:				
Salaries and wages	324,990	766,333	-	1,091,323
Employee benefits	40,902	555,894	-	596,796
Professional fees	49,936	1,974,456	-	2,024,392
Supplies	222,636	252,609	-	475,245
Purchased services	3,833	79,999	-	83,832
Other	18,905	685,602	-	704,507
Total operating expenses	661,202	4,314,893	-	4,976,095
Loss from operations	(329,340)	(1,318,504)	-	(1,647,844)
Operating transfers from Lake Health District	642,194	1,601,291	-	2,243,485
Noncapital grants	39,278	20,162	-	59,440
Increase in net position	352,132	302,949	-	655,081
Net position - Beginning of year	566,613	380,754	-	947,367
Net position - End of year	\$ 918,745	\$ 683,703	\$ -	\$ 1,602,448

# Lake Health District d/b/a Lake District Hospital

## Schedule of Adopted Appropriations and Expenditures - Original, Final Budget, and Actual Year Ended June 30, 2022

	Original Budget	Budget Amendments	Final Budget	Actual	Variance
<b>Revenue:</b>					
Revenue except for property taxes	\$ 42,284,819	\$ -	\$ 42,284,819	\$ 39,899,124	\$ 2,385,695
Property taxes	2,027,177	-	2,027,177	1,800,212	226,965
<b>Total revenue</b>	<b>\$ 44,311,996</b>	<b>\$ -</b>	<b>\$ 44,311,996</b>	<b>\$ 41,699,336</b>	<b>\$ 2,612,660</b>
<b>Expenditures:</b>					
Personnel services	\$ 25,549,046	\$ -	\$ 25,549,046	\$ 25,174,569	\$ 374,477
Materials and services	19,166,024	-	19,166,024	11,638,093	7,527,931
Capital outlay	2,495,022	-	2,495,022	820,273	1,674,749
Debt service	1,065,305	-	1,065,305	1,896,697	(831,392)
<b>Total expenditures</b>	<b>\$ 48,275,397</b>	<b>\$ -</b>	<b>\$ 48,275,397</b>	<b>\$ 39,529,632</b>	<b>\$ 8,745,765</b>
Loss from operations - Budgetary				\$ 2,169,704	
Reconciliation of statutory operating expenditures to GAAP-basis operating expenses:					
Add: Capital outlay				820,273	
Add: Long-term debt and capital leases principal reductions				6,278,596	
Less: Contribution from LHD				3,077,193	
Less: Forgiveness of PPP Loan				4,381,899	
Less: Depreciation and amortization				3,545,633	
<b>Total effects of reconciliation</b>				<b>(3,905,856)</b>	
Change in net position				(1,736,152)	
Net position - Beginning of year				9,045,439	
<b>Net position - End of year</b>				<b>\$ 7,309,287</b>	

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

Board of Directors  
Lake Health District d/b/a Lake District Hospital  
Lakeview, Oregon

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Lake Health District d/b/a Lake District Hospital (the "District"), as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated March 30, 2023.

### **Internal Control Over Financial Reporting**

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies, and therefore material weaknesses or significant deficiencies may exist that have not been identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We identified certain deficiencies in internal control, described in the accompanying schedule of findings and responses as items 2022-001 and 2022-002 that we consider to be significant deficiencies.



### **Compliance and Other Matters**

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

### **Purpose of This Report**

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

*Wipfli LLP*

Wipfli LLP  
Spokane, Washington

March 30, 2023

By:

*Eric Volk*

Eric Volk, CPA, Oregon Municipal Auditor, Lic#15265

# Lake Health District d/b/a Lake District Hospital

## Schedule of Findings and Responses

Year Ended June 30, 2022

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**Finding Number:** 2022-001

**Type of Finding:** Significant deficiency

**Description:** Financial statement preparation and accompanying note disclosures

**Condition:** The District relies upon the auditor to compile the financial statements and notes. As part of our professional services for the year ended June 30, 2022, we assisted in drafting the basic financial statements and related notes, including its discretely presented component unit. The District does not have sufficient expertise to prepare its own financial statements and disclosures. This circumstance is not unusual in an organization of your size.

**Criteria:** *Government Auditing Standards* considers the inability to report the financial data reliably in accordance with GAAP in the United States to be an internal control deficiency.

**Cause:** The District only prepares a set of full disclosure financial statements on an annual basis and does not maintain the expertise to prepare full disclosure financial statements due to cost and other considerations.

**Effect:** The completeness of the financial statement disclosures and the accuracy of the overall financial presentation may be negatively impacted, since outside auditors do not have the same comprehensive understanding as internal finance staff.

**Recommendation:** We recommend management and those charged with governance continue to evaluate the degree of risk associated with this condition because of cost or other considerations. It is the responsibility of management and those charged with governance to make the decision whether to accept the degree of risk associated with this condition because of cost or other considerations.

**Management Response:** Management agrees with the assessment and has committed to evaluating the costs and benefits associated with preparing the annual financial statements.



# Lake Health District d/b/a Lake District Hospital

## Schedule of Findings and Responses (Continued)

Year Ended June 30, 2022

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**Finding Number:** 2022-002

**Type of Finding:** Significant Deficiency

**Description:** Significant and Material audit adjustments

**Condition:** During the audit, it was required that material and non material adjusting journal entries were required to reconcile the general ledger to supporting documents and convert the District's financial records to the financial statements as reported. The adjusting journal entries were proposed and accepted by management and affected multiple assets, liabilities, revenues and expenses.

**Criteria:** The District is responsible for the internal controls over the period-end financial reporting process, including controls over procedures to recognize transactions in the correct period and properly adjust the general ledger. *Government Auditing Standards* considers the inability to properly reconcile the general ledger in accordance with GAAP in the United States to be an internal control deficiency.

**Cause:** Internal control over year-end reconciliations of the general ledger and financial reporting were not operating as designed.

**Effect:** The District's internal controls over financial reporting at the general ledger and financial statement levels were not adequate to ensure a material misstatement would be prevented and/or detected. The District was not always in compliance with GAAP.

**Recommendation:** We recommend the District continue to evaluate its year-end closeout procedures and put processed in place to ensure all accounts are reconciled from support to the general ledger. The District should design and implement effective internal control procedures to ensure the financial statements and related notes are free from material misstatements.

**Management Response:** Management agrees with the assessment and has committed to evaluating the costs and benefits associated with reconciling the general ledger.

## **Independent Auditor's Comments and Disclosures on Compliance in Accordance with the Minimum Standards for Audits of Oregon Municipal Corporations**

Board of Directors  
Lake Health District d/b/a Lake District Hospital  
Lakeview, Oregon

We have audited the accompanying financial statements of Lake Health District d/b/a Lake District Hospital (the "District") as of and for the year ended June 30, 2022, and have issued our report thereon dated March 30, 2023. We conducted our audit in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards*, issued by the Comptroller General of the United States and the provisions of the *Minimum Standards for Audits of Oregon Municipal Corporations*, prescribed by the Secretary of State. Those standards require that we plan and perform our audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

### **Compliance**

As part of obtaining reasonable assurance about whether the District's basic financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, including provisions of Oregon Revised Statutes (ORS) as specified in Oregon Administrative Rules (OAR) 162-10-000 to 162-10-330 of the *Minimum Standards for Audits of Oregon Municipal Corporations*, as set forth below, noncompliance with which could have a direct and material effect on the determination of financial statement amounts:

- The accounting records and related internal control structure (OAR 162-010-0230)
- The amount and adequacy of collateral pledged by depositories to secure the deposit of public funds (OAR 162-010-0240)
- The requirements relating to debt, including the limitation of debt, liquidation of debt in the prescribed period of time, and compliance with provisions of bond indentures or other requirements, including restrictions placed on funds available to retire indebtedness (OAR 162-010-0250)
- The requirements relating to the preparation, adoption, and execution of the annual budgets for the current fiscal year and the preparation and adoption of the budget for the next succeeding fiscal year (OAR 162-010-0260)
- The requirements relating to insurance and fidelity bond coverage (OAR 162-010-0270)
- The appropriate laws, rules, and regulations pertaining to programs funded wholly or partially by other governmental agencies (OAR 162-010-0280)
- The statutory requirements pertaining to the investment of public funds (OAR 162-010-0300)
- The requirements pertaining to the awarding of public contracts and the construction of public improvements (OAR 162-010-0310)



Compliance with the requirements laws, regulations, contracts, and grants is the responsibility of the District's management. Providing an opinion on compliance with those provisions was not an objective of our audit. Accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under the *Minimum Standards for Audits of Oregon Municipal Corporations*, prescribed by the Secretary of State.

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

Additional commentary regarding our test results are listed on the following page.

This report is intended solely for the information of the Board of Directors, management, and the Secretary of State, Division of Audits of the State of Oregon and is not intended to be and should not be used by anyone other than those specified parties.

*Wipfli LLP*

Wipfli LLP  
Spokane, Washington

March 30, 2023

By:

*Eric Volk*

Eric Volk, CPA, Oregon Municipal Auditor, Lic#15265

# Lake Health District d/b/a Lake District Hospital

Audit Comments and Disclosures Required by State Regulations  
Years Ended June 30, 2022 and 2021

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## Accounting Records (OAR 162-010-0230)

We noted the following instances related to accounting records and internal controls:

1. Financial accounting and reporting are not compiled by management.
2. The general ledger is not adequately reconciled by management.