

Audited Combined Financial Statements

LOMPOC

VALLEY MEDICAL CENTER

June 30, 2025 and 2024

Audited Combined Financial Statements

LOMPOC VALLEY MEDICAL CENTER

June 30, 2025

Management's Discussion and Analysis	1
Report of Independent Auditors	5
Audited Combined Financial Statements	
Combined Statements of Net Position	8
Combined Statements of Revenues, Expenses and Changes in Net Position	9
Combined Statements of Cash Flows	10
Notes to Combined Financial Statements	12
Supplementary Schedule	
Earnings before Interest, Depreciation and Amortization	29
Independent Auditors Report on Internal Controls	30

Management's Discussion and Analysis

LOMPOC VALLEY MEDICAL CENTER

June 30, 2025

Management of the Lompoc Valley Medical Center (the District) has prepared this annual discussion and analysis in order to provide an overview of performance for the fiscal year ended June 30, 2025 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the District's historical financial performance as a whole and a prospective look at revenue growth, operating expenses and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2025 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Summary

- Total assets and deferred outflows of resources decreased by \$14,158,495 over the prior fiscal year due mainly to the sale of the Champion Center. Total cash and cash equivalents decreased by \$9,346,434 (see the Statements of Cash Flows for changes). Net patient accounts receivable (A/R) increased by \$7,362,232. Net days in outstanding patient accounts receivable were 56.05 compared to 44.34 in the prior year. The increase in A/R days was due to volume increases, chargemaster enhancements, and District changes in charging policies during the fiscal year 2025. Other receivables increased by \$12,163,353 due to increases in supplemental funding and the timing of payments.
- Current assets increased by \$9,686,763 and current liabilities decreased by \$2,173,652 when compared to the prior fiscal year. The current ratios for current and prior years were 4.42 and 3.60, respectively.
- Net operating revenues increased by \$15,942,419 and operating expenses also increased by \$9,560,048 both due mainly to increased volumes.
- There was an operating gain of \$8,685,767 compared to an operating gain of \$2,303,396 in the prior year.
- Non-operating revenues (expenses) increased by \$580,613, related mainly to increases in property taxes, investment income and grants and contributions.
- The increase in net position was \$13,857,423 million compared to an increase of \$6,894,439 in the prior year.
- The Champion Center was sold during the year producing a gain on sale of approximately \$238,000.

Cash and Investments

At fiscal year ended June 30, 2025, operating and board designated cash and investments totaled \$13,309,436 compared to \$22,654,347 in fiscal year 2024. Days of cash on hand decreased to 29.79 compared to 53.92 in the prior year. The District maintains sufficient cash and cash equivalents to pay all short-term liabilities.

Management's Discussion and Analysis (continued)

LOMPOC VALLEY MEDICAL CENTER

Current Liabilities and Debt Borrowings

As previously noted, current liabilities decreased by \$2,173,652. Current maturities of debt borrowings decreased by \$396,568 as scheduled payments were made and the Champion Center bonds were defeased, accounts payable increased by \$888,075, accrued payroll and related expenses increased by \$343,299 due mainly to timing of payroll transactions, and estimated third party payor settlements decreased by \$3,008,458 due mainly to the \$2,500,000 CenCal settlement payment made in early 2025.

Capital Assets, Other Assets and Deferred Outflows of Resources

Capital assets decreased by \$15,978,350 due mainly to the sale of the Champion Center. The \$3.1 million of new assets was balanced between the purchase of equipment and additions to CIP projects involving improvements and additions to various District facilities. Other assets decreased by \$6,543,777 due mainly to the decrease in lease receivables related to the Champion Center. Deferred outflows of resources decreased by \$924,547 due to the continued amortization of bond issue costs and the sale of the Champion Center.

Volumes

A summary of volume comparisons included:

- Acute patient days were 8,426 compared to 9,279 in the prior year.
- Patient/resident days in the District's skilled nursing facility were 33,901 compared to 32,509 in the prior year. The average daily census for the two periods was 92.88 in 2025 and 88.82 in 2024.
- Surgery cases for the fiscal year 2025 were 2,364 compared to 2,098 in the prior year.
- Emergency department visits were 23,278 in 2025 compared to 23,292 in 2024.
- Outpatient visits were 73,351 in 2025 compared to 73,592 in 2024.
- Clinic visits were 105,783 in 2025 compared to 97,349 in the prior year.

Management's Discussion and Analysis (continued)

LOMPOC VALLEY MEDICAL CENTER

Programs

Last year was the first full year that the District began participation in the "Directed Payments" program through the Department of Health Care Services (DHCS) in the State of California. The payments will be based on actual utilization of contracted services. The State will evaluate the extent to which enhanced payments are achieving the goals intended. The goal of the program is to improve preventative care in children, maternity care, and birth equity through increasing access to care.

Gross Patient Charges

The District charges all patients equally based on an established pricing structure for the services rendered. Generally, charges are increased on an annual basis. Total gross charges increased \$57,680,660 over prior year. Specific growth by major payor included Medicare by \$37,733,480 and Medi-Cal by \$6,704,085 while commercial and self pay increased by \$13,243,095. These changes in gross charges are a composite of new programs, volume changes and price changes.

Deductions From Revenue

Deductions from revenue are comprised of contractual allowances, provision for doubtful accounts and charity care. Contractual allowances are computed based on the difference between gross charges and the contractually agreed upon methods and rates of reimbursement with government-based programs such as Medicare and Medi-Cal and other third party payers such as Anthem Blue Cross. Deductions from revenue were 60.97% for the fiscal year 2025 compared to 59.21% for the fiscal year 2024.

Traditional charity care, uncompensated care, administrative adjustments and the provision for doubtful accounts for the fiscal years 2025 and 2024 were \$22.9 million and \$17.5 million, respectively.

Net Patient Service Revenues

Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. Net patient service revenues increased in 2025 by \$15,885,685 over 2024 due mainly to increased volumes and the increases in government supplemental payments.

Management's Discussion and Analysis (continued)

LOMPOC VALLEY MEDICAL CENTER

Operating Expenses

Total operating expenses in fiscal year 2025 were \$167,325,155 as compared to \$157,765,107 in 2024. Significant changes occurred in the following areas:

- Total labor expense and related benefits increased by \$4,768,065. Total full time equivalents (FTEs) in the fiscal year 2025 were 741.71 compared to 703.30 in the prior year. Increases were associated mainly with increased FTE's and employee benefit increases.
- Professional and other fees increased by \$1,765,470 due primarily to volumes and additional providers.
- Registry and other contract labor increased slightly by \$232,035 again due mainly to volume increases coupled with labor shortages.
- Supplies increased by \$3,470,824, driven primarily by volume increases and inflationary factors.
- Depreciation and amortization net expense decreased by \$508,705.
- Other categories of expenses (purchased services, utilities, insurance, rent, and depreciation) varied only marginally.

Economic Factors and Next Fiscal Year's Budget

The District's Board approved the fiscal year ending June 30, 2026 capital and operating budgets at a recent board meeting. Key budget assumptions included:

- The consolidated budget anticipates a \$2.4 million increase in the District's net position.
- Based on recent history, volume projections are expected to increase slightly.
- Medicare reimbursement was based on the current IPPS rules information. Supplemental reimbursement and Quality Incentive Program were included in Medicaid reimbursement. Commercially insured reimbursement was based on current contracts.
- Operating expenses are projected at \$176 million while operating revenues are projected at \$173 million. Non-operating revenues over expenses are projected at \$5.6 million.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

7797 North First Street, Suite 101#111, Fresno, California 93720

763 West Lighthouse Drive, Saratoga Springs, Utah 84045

Cell: (559) 287-6591; Email: rjctcpa@aol.com

Report of Independent Auditors

The Board of Directors
Lompoc Valley Medical Center
Lompoc, California

Opinion

We have audited the accompanying financial statements of the Lompoc Valley Medical Center, a district hospital (the District) as of and for the years ended June 30, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the District's combined basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of June 30, 2025 and 2024, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America 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 opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

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

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the combined basic financial statements. Such information is the responsibility of management and, although not a part of the combined basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the combined basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America *Government Auditing Standards*, 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 combined basic financial statements, and other knowledge we obtained during our audit of the combined basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary schedule as listed in the table of contents is presented for purposes of additional analysis and is not a required part of the combined basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined basic financial statements or to the combined basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*. In our opinion, the supplementary schedules as listed in the table of contents are fairly stated, in all material respects, in relation to the combined basic financial statements as a whole.

Other Reporting Required by Governmental Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 17, 2025, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, 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.

W7 & Associates, LLP

Fresno, California
October 17, 2025

Combined Statements of Net Position

LOMPOC VALLEY MEDICAL CENTER

	June 30	
	<u>2025</u>	<u>2024</u>
Assets		
Current assets:		
Cash and cash equivalents	\$ 13,270,532	\$ 22,616,966
Assets limited as to use available for current debt service	3,547,913	4,148,652
Patient accounts receivable, net of allowances	25,991,961	18,629,729
Other receivables and physician advances	48,972,804	36,809,451
Inventories	1,513,470	1,448,416
Prepaid expenses and deposits	<u>1,376,663</u>	<u>1,333,366</u>
Total current assets	94,673,343	84,986,580
Assets limited as to use	2,318,215	2,716,799
Capital assets, net of accumulated depreciation	67,032,711	83,011,061
Other assets	<u>66,376</u>	<u>6,610,153</u>
	164,090,645	177,324,593
Deferred outflows of resources	<u>217,562</u>	<u>1,142,109</u>
	<u><u>\$164,308,207</u></u>	<u><u>\$178,466,702</u></u>
Liabilities		
Current liabilities:		
Current maturities of debt borrowings	\$ 2,772,611	\$ 3,169,179
Accounts payable and accrued expenses	11,991,107	11,103,032
Accrued payroll and related liabilities	6,327,094	5,983,795
Estimated third party payor settlements, net	<u>341,536</u>	<u>3,349,994</u>
Total current liabilities	21,432,348	23,606,000
Other long term liabilities, less current portion	1,864,576	2,668,074
Debt borrowings, net of current maturities	<u>54,749,165</u>	<u>72,355,825</u>
	78,046,089	98,629,899
Deferred inflows of resources		7,432,108
Net position		
Invested in capital assets, net of related debt	9,815,795	8,244,966
Restricted, by bond indenture agreements for debt service	5,827,225	6,828,070
Unrestricted	<u>70,619,098</u>	<u>57,331,659</u>
Total net position	<u>86,262,118</u>	<u>72,404,695</u>
	<u><u>\$164,308,207</u></u>	<u><u>\$178,466,702</u></u>

See accompanying notes and auditors' report

Combined Statements of Revenues, Expenses and Changes in Net Position

LOMPOC VALLEY MEDICAL CENTER

	Year Ended June 30	
	2025	2024
Operating revenues		
Net patient service revenue	\$169,253,447	\$153,367,762
Capitation and other operating revenues	<u>6,757,475</u>	<u>6,700,741</u>
Total operating revenues	176,010,922	160,068,503
Operating expenses		
Salaries and wages	56,873,681	52,644,205
Employee benefits	19,814,018	19,275,429
Professional and other fees	17,745,939	15,980,469
Registry and other contract labor	13,881,349	13,649,314
Supplies	28,573,059	25,102,235
Purchased services	12,636,164	12,553,830
Utilities	1,837,863	1,718,068
Building and equipment rent	499,482	892,256
Insurance	2,481,644	2,319,100
Depreciation and amortization	6,442,698	6,951,403
Other operating expenses	<u>6,539,258</u>	<u>6,678,798</u>
Total operating expenses	<u>167,325,155</u>	<u>157,765,107</u>
Operating income (loss)	8,685,767	2,303,396
Nonoperating revenues (expenses)		
District tax revenues	6,222,024	5,909,864
Investment income	795,440	1,112,096
Interest expense	(2,196,975)	(2,531,576)
Gain (loss) on disposals of property and other	239,317	(55,579)
Grants and contributions	<u>111,850</u>	<u>156,238</u>
Total nonoperating revenues (expenses)	<u>5,171,656</u>	<u>4,591,043</u>
Increase in net position	13,857,423	6,894,439
Net position at beginning of the year	<u>72,404,695</u>	<u>65,510,256</u>
Net position at end of the year	<u>\$ 86,262,118</u>	<u>\$ 72,404,695</u>

See accompanying notes and auditor's report

Combined Statements of Cash Flows

LOMPOC VALLEY MEDICAL CENTER

	Year Ended June 30	
	<u>2025</u>	<u>2024</u>
Cash flows from operating activities:		
Cash received from patients and third-parties on behalf of patients	\$147,611,535	\$143,037,267
Cash received from operations, other than patient services	5,865,344	5,818,912
Cash payments to suppliers and contractors	(91,650,640)	(76,608,434)
Cash payments to employees and benefit programs	<u>(76,324,400)</u>	<u>(71,390,795)</u>
Net cash provided by (used in) operating activities	(14,498,161)	856,950
Cash flows from noncapital financing activities:		
District tax revenues	1,459,905	1,378,971
Grants and contributions	<u>111,850</u>	<u>156,238</u>
Net cash provided by noncapital financing activities	1,571,755	1,535,209
Cash flows from capital and related financing activities:		
District tax revenues related to capital financing from bonds	4,762,119	4,530,893
Purchase of capital assets, disposals and other	17,223,293	(2,701,220)
Proceeds from debt borrowings	8,000,000	8,000,000
Principal payments on debt borrowings and premium accretion	(26,003,228)	(11,692,683)
Interest on debt borrowings	<u>(2,196,975)</u>	<u>(2,531,576)</u>
Net cash provided by (used in) capital financing activities	1,785,209	(4,394,586)
Cash flows from investing activities:		
Net (purchase) or sale of investments	999,323	3,001,162
Interest received from investments	<u>795,440</u>	<u>1,112,096</u>
Net cash provided by (used in) investing activities	<u>1,794,763</u>	<u>4,113,258</u>
Net increase (decrease) in cash and cash equivalents	(9,346,434)	2,110,831
Cash and cash equivalents at beginning of year	<u>22,616,966</u>	<u>20,506,135</u>
Cash and cash equivalents at end of year	<u>\$ 13,270,532</u>	<u>\$ 22,616,966</u>

See accompanying notes and auditor's report

Combined Statements of Cash Flows (continued)

LOMPOC VALLEY MEDICAL CENTER

	Year Ended June 30	
	<u>2025</u>	<u>2024</u>
Reconciliation of operating income to net cash (used in) operating activities:		
Operating income	\$ 8,685,767	\$ 2,303,396
Adjustments to reconcile operating income to net cash provided by (used in) operating activities:		
Depreciation and amortization	6,442,698	6,951,403
Provision for uncollectible accounts	12,789,977	9,907,926
Changes in operating assets and liabilities:		
Patient accounts receivables	(20,152,209)	(15,445,431)
Other receivables	(12,163,353)	(3,923,905)
Inventories	(65,054)	44,769
Prepaid expenses and deposits	(43,297)	13,611
Accounts payable and accrued expenses	888,075	2,949,903
Accrued payroll and related liabilities	363,299	528,839
Estimated third party payor settlements	(3,008,458)	(1,750,914)
Other long term liabilities	<u>(8,235,606)</u>	<u>(722,647)</u>
Net cash provided by (used in) operating activities	<u>\$ (14,498,161)</u>	<u>\$ 856,950</u>

See accompanying notes and auditor's report

NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity: Lompoc Valley Medical Center (the District) is a public entity healthcare district organized under Local Hospital District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five-member Board of Directors, elected from within the district to specified terms of office. The District is located in Lompoc, California and operates a 60-bed acute care hospital, a 110-bed skilled nursing facility, and other patient services. The District provides health care services primarily to individuals who reside in the local geographic area. The combined financial statements are a product of both District financial statements and the Champion Center financial statements up through the sale of the Champion Center which took place this year.

Basis of Preparation: The accounting policies and combined financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The combined financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements as the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

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

Cash and Cash Equivalents and Investments: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned. Investments that are not traded on a market, such as investments in external pools, are valued based on the stated value as represented by the external pool. The District has elected not to report investments at amortized cost.

LOMPOC VALLEY MEDICAL CENTER

NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

Patient Accounts Receivable: Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, inquiring with respective payors as to collectibility and providing for allowances on their accounting records for estimated contractual adjustments and uncollectible accounts. Significant concentrations of patient accounts receivable are discussed further in the footnotes.

Inventories: Inventories are consistently reported from year to year at cost determined on combination of first-in, first-out (FIFO) basis for certain types of inventory and replacement values which are not in excess of market, for other types of inventory.

Assets Limited as to Use: Assets limited as to use include contributor restricted funds, amounts designated by the Board of Directors for replacement or purchases of capital assets, and other specific purposes, and amounts held by trustees under specified agreements. Assets limited as to use consist primarily of deposits on hand with local banking and investment institutions, and bond trustees.

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. During periods of asset construction, the District capitalizes interest cost net of any interest earned on temporary investments of the proceeds set aside for construction projects funded by tax-exempt debt borrowings. Interest expense is also capitalized for projects financed with operating funds.

Depreciation of property and equipment and amortization of property under capital leases are combined in the statements of revenues, expenses and changes in net position and are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 40 years for buildings and improvements, and 3 to 10 years for equipment. The District periodically reviews its capital assets for value impairment. As of June 30, 2025 and 2024, the District has determined that no capital assets are significantly impaired.

Other Assets: Other asset include long-term lease receivables in the amount of \$66,377 and \$6,610,153 as of June 30, 2025 and 2024, respectively. The lease receivables are due to GASB 87 and the GASB 87 lease recording requirements as discussed further in footnote N.

LOMPOC VALLEY MEDICAL CENTER

NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

Deferred Outflows of Resources: Deferred outflows of resources (formerly debt borrowing issue costs) are comprised of deferred financing cost of the issuance of debt borrowings. Amortization of these deferred outflows are computed by the straight-line method over the life of the repayment agreements. For current and advance refundings, which result in defeasance of debt, the difference between the reacquisition price and the net carrying amount of the old debt, together with any unamortized deferred financing costs, is deferred and amortized over the remaining life of the old debt or the life of the new debt, whichever is shorter. Net amortization was \$55,412 and \$69,671 for the years ended June 30, 2025 and 2024, respectively.

Compensated Absences: The District's employees earn paid-time-off (PTO) benefits at varying rates depending on years of service. PTO benefits can accumulate up to specified maximum levels. Employees are paid for PTO accumulated benefits if they leave either upon termination or separation. Accrued PTO liabilities as of June 30, 2025 and 2024 were \$2,858,205 and \$2,817,043, respectively.

Risk Management: The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

Net position: Net position is presented in three categories. The first category of net position is "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets.

The second category is "restricted" net position. This category consists of externally designated constraints placed on assets by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation. The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories

Net Patient Service Revenues: Net patient service revenues are reported in the period at the estimated net realized amounts from patients, third-party payors and others including estimated retroactive adjustments under reimbursement agreements with third-party programs. Normal estimation differences between final reimbursement and amounts accrued in previous years are reported as adjustments of current year's net patient service revenues.

LOMPOC VALLEY MEDICAL CENTER

NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

Charity Care: The District accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the District. Essentially, these policies define charity services as those services for which no payment is anticipated. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenues. Services provided are recorded as gross patient revenues and then written off entirely as an adjustment to net patient service revenues. Partial payments to which the District is entitled from public assistance programs on behalf of certain patients that meet the District's charity care criteria are reported under net patient service revenues. These supplemental programs are generally funded from governmental agencies and others. Total charity care was \$10,191,339 and \$7,214,599 for the years ended June 30, 2025 and 2024, respectively.

District Tax Revenues: The District receives approximately 5.0% of its financial support from property taxes. These funds are used to support operations and meet required debt service agreements. They are classified as non-operating revenue as the revenue is not directly linked to patient care. Property taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Property taxes are considered delinquent on the day following each payment due date.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing health care services.

Recently Adopted Accounting Pronouncement: In June, 2017 the Governmental Accounting Standards Board released GASB 87 regarding changes in the way leases are accounted for. GASB 87 superseded GASB 13 and GASB 62 and more accurately portrays lease obligations by recognizing lease assets and lease liabilities on the statement of net position and disclosing key information about leasing arrangements. The District has adopted GASB 87 effective July 1, 2021 in accordance with the timetable established by GASB 87.

Reclassifications: Certain financial statement amounts as presented in the prior year combined financial statements have been reclassified in these, the current year combined financial statements, in order to conform to the current year combined financial statement presentation.

LOMPOC VALLEY MEDICAL CENTER

NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue Recognition: As previously stated, net patient service revenues are reported at amounts that reflect the consideration to which the District expects to be entitled in exchange for patient services. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of third-party payor audits, reviews, and investigations. Generally, the District bills the patients and third-party payors several days after the patient receives healthcare services at the District. Revenue is recognized as services are rendered.

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates per day, discharge or visit, reimbursed costs, discounted charges and per diem payments. 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.

Gifts of long-lived assets such as land, buildings, or equipment are reported as net assets without donor restrictions unless explicit donor stipulations specify how the donated asset must be used. Gifts of long-lived assets with explicit donor restrictions that specify how the asset is to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived asset is placed in service. Cash received in excess of revenue recognized is deferred revenue.

Contributions are recognized as revenue when they are received or unconditionally pledged. Donor stipulations that limit the use of the donation are recognized as contributions with donor restrictions. When the purpose is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from donor restrictions. Donor restricted contributions whose restriction expire during the same fiscal year are recognized as net assets without donor restrictions. Absent donor imposed restrictions, the District records donated services, materials, and facilities as net assets without donor restrictions.

From time to time, the District receives grants from various governmental agencies and private organizations. Revenues from grants are recognized when all eligibility requirements, including time requirements are met. Grants may be restricted for either specific operating purposes or capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statement of revenues, expenses and changes in net position.

LOMPOC VALLEY MEDICAL CENTER

NOTE B - CASH AND CASH EQUIVALENTS

As of June 30, 2025 and 2024, the District had deposits with various financial institutions in the form of operating cash and cash equivalents amounting to \$1,480,665 and \$3,977,678. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), and are federally insured.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District. Investments consist of U.S. Government securities and state and local agency funds invested in U. S. Government securities and are stated at quoted market values. Changes in market value between years are reflected as a component of investment income in the accompanying statement of revenues, expenses and changes in net position.

NOTE C - NET PATIENT SERVICE REVENUES

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

Medicare: Payments for inpatient acute care services rendered to Medicare program beneficiaries are based on prospectively determined rates, which vary accordingly to the patient diagnostic classification system. Outpatient services are generally paid under an outpatient classification system subject to certain limitations. The District is, generally, no longer subject to cost reimbursable services. Certain reimbursement areas are still subject to final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. At June 30, 2025, cost reports through June 30, 2022 have been audited or otherwise final settled.

Medi-Cal: Payments for inpatient services rendered to Medi-Cal patients are made based on reasonable costs through December 31, 2013. Effective January 1, 2014, the State of California's Medi-Cal program changed inpatient reimbursement to Diagnosis-Related Groups (DRG), as mandated by Senate Bill 853 and added to section 14105.28 of the Welfare and Institution Code. Outpatient payments continue to be paid on pre-determined charge screens. The District is paid for cost-based long-term care services at rates determined by the State. Rates are updated annually based on the State's rate setting methodology. The rates are prospective and therefore no final settlement is determined after submission of annual cost reports and audits thereof by the State. At June 30, 2025, cost reports through June 30, 2023, have been audited or otherwise final settled.

Other: Payments for services rendered to other than Medicare and Medi-Cal patients are based on established rates or on agreements with certain commercial insurance companies, health maintenance organizations and preferred provider organizations which provide for various discounts from established rates.

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE C - NET PATIENT SERVICE REVENUES (continued)

Net patient service revenues for the years ended June 30, 2025 and 2024 are summarized by payor as follows:

	<u>2025</u>	<u>2024</u>
Medicare services	\$186,515,407	\$148,781,927
Medi-Cal services	129,062,024	122,357,939
Commercial insurance and other payors	<u>118,105,145</u>	<u>104,862,050</u>
Gross patient service revenues	433,682,576	376,001,916
Less estimated deductions from revenue	<u>(264,429,129)</u>	<u>(222,634,154)</u>
Net patient service revenues	<u>\$169,253,447</u>	<u>\$153,367,762</u>

Medicare and Medi-Cal gross patient revenues were approximately 73% and 72% of the District's total gross patient revenues for 2025 and 2024, respectively. Laws and regulations governing the Medicare and Medi-Cal programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded deduction from revenue estimates could change by material amounts in the near term.

NOTE D - CONCENTRATION OF CREDIT RISK

Patient Accounts Receivable: The District grants credit without collateral to its patients and third-party payors. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe that there are any credit risks associated with these governmental agencies. Contracted and other patient accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions and do not represent any concentrated credit risks to the District. Concentration of patient accounts receivable at June 30, 2025 and 2024 were as follows:

	<u>2025</u>	<u>2024</u>
Medicare	\$ 31,400,784	\$ 21,409,003
Medi-Cal	29,606,857	21,147,755
Other third party payors	28,154,093	19,688,177
Self pay and other	<u>10,454,862</u>	<u>7,918,790</u>
Patient accounts receivable, before allowances	99,616,596	70,163,725
Less allowances for deductions from revenue	<u>(73,624,635)</u>	<u>(51,533,996)</u>
Patient accounts receivable, net of allowances	<u>\$ 25,991,961</u>	<u>\$ 18,629,729</u>

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE D - CONCENTRATION OF CREDIT RISK (continued)

Financial Instruments: Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of \$250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the high financial quality of the bank with which the District does business. Management further believes that there is no risk of material loss due to concentration of credit risk with regards to investments as the District has no investments in equity funds, closed-end funds, exchange-traded products, or other perceived “at risk” alternatives as of June 30, 2025 and 2024.

NOTE E - OTHER RECEIVABLES

Other receivables as of June 30, 2025 and 2024 were comprised of the following:

	<u>2025</u>	<u>2024</u>
Receivable from government supplemental programs	\$ 47,406,667	\$ 35,237,755
Lease receivables - current portion	1,238,836	1,158,097
Interest receivable from various investments	132,485	207,207
Employee loans	20,812	32,326
Physician property note receivable	9,357	49,135
Other various receivables	<u>164,647</u>	<u>124,931</u>
	<u>\$ 48,972,804</u>	<u>\$ 36,809,451</u>

The District is involved in various governmental subsidies designed as supplemental payments to hospitals for various types of additional payments revolving around patients and patient utilization. These supplemental payments are recorded as a contra to deductions from revenue due to the nature of the payments and as directed by the State for reporting purposes.

NOTE F - RELATED PARTY TRANSACTIONS

The Lompoc Hospital District Foundation (the Foundation), has been established as a nonprofit public benefit corporation under the Internal Revenue Code Section 501(c)(3) to solicit contributions on behalf of the healthcare providers in the Lompoc area. Substantially all funds raised, except for funds required for operation of the Foundation, are distributed to the various healthcare organizations in the area including the District. The Foundation's funds are distributed to the District in amounts and in periods determined by the Foundation's Board of Directors, who may also restrict the use of funds for District property and equipment replacement or expansion or other specific purposes. Donations by the Foundation were \$101,000 and \$100,000 for the years ended June 30, 2025 and 2024, respectively. The Foundation is not considered to be a component unit of the District.

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE G - ASSETS LIMITED AS TO USE

Assets limited as to use as of June 30, 2025 and 2024 were comprised of the following:

Restricted for the following various purposes:	<u>2025</u>	<u>2024</u>
Cash, cash equivalents and debt securities for board purposes	\$ 38,903	\$ 37,381
Cash, cash equivalents and debt securities, in trust agreements	<u>5,827,225</u>	<u>6,828,070</u>
	5,866,128	6,865,451
Less assets limited as to use available for current debt service	<u>(3,547,913)</u>	<u>(4,148,652)</u>
	<u>\$ 2,318,215</u>	<u>\$ 2,716,799</u>

NOTE H - INVESTMENTS

The District's investment balances and average maturities were as follows at June 30, 2025 and 2024:

<i>As of June 30, 2025</i>	<u>Fair Value</u>	<u>Investment Maturities in Years</u>		
		<u>Less than 1</u>	<u>1 to 5</u>	<u>Over 5</u>
Savings and cash equivalents	\$ 7,023	\$ 7,023		
Local agency investment fund	<u>11,823,608</u>	<u>11,823,608</u>		
Total investments	<u>\$ 11,830,631</u>	<u>\$ 11,830,631</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

<i>As of June 30, 2024</i>	<u>Fair Value</u>	<u>Investment Maturities in Years</u>		
		<u>Less than 1</u>	<u>1 to 5</u>	<u>Over 5</u>
Savings and cash equivalents	\$ 7,019	\$ 7,019		
Local agency investment fund	<u>18,671,607</u>	<u>18,671,607</u>		
Total investments	<u>\$ 18,685,626</u>	<u>\$ 18,685,626</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

Interest Rate Risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways a hospital manages its exposure to interest rate risk is by purchasing a combination of shorter-term and longer-term investments and by timing cash flows from maturities so that a position of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for hospital operations. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

LOMPOC VALLEY MEDICAL CENTER

NOTE H -INVESTMENTS (continued)

Credit Risk: Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. Generally a hospital's investment policy for corporate bonds and notes would be to invest in companies with total assets in excess of \$500 million and having a "A" or higher rating by agencies such as Moody's or Standard and Poor's.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty (e.g. broker-dealer), a hospital would not be able to recover the value of its investment or collateral securities that are in the possession of another party. A hospital's investments are generally held by broker-dealers or in the case of many healthcare district's, in government-pooled short-term cash equivalents such as mutual funds.

Concentration of Credit Risk: Concentration of credit risk is the risk of loss attributed to the magnitude of a hospital's investment in a single issuer. A hospital's investment policy generally allows for different concentrations in selected investment portfolios such as government-backed securities, which are deemed to be lower risk.

Investment Hierarchy - The District categorizes the fair value measurements of its investments based on the hierarchy established by generally accepted accounting principles. The fair value hierarchy, which has three levels, is based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant other unobservable inputs. The Hospital investments are solely measured by Level 1 inputs and does not have any investments that are measured using Level 2 or 3 inputs.

Local Agency Investment Fund: The State makes available the Local Agency Investment Fund (LAIF) through which local governments may pool investments. Investments are highly liquid and can be converted to cash within 24 hours. Participation in LAIF is voluntary and is limited to \$40 million for each entity. The fair value of the District's investment in LAIF is reported based on the District's pro rata share of the fair value provided by LAIF for the entire portfolio.

NOTE I - EMPLOYEES' RETIREMENT PLAN

The District offers a 457 deferred compensation plan (the Plan) to eligible employees. The Plan allows participants to defer income during peak years and set it aside as retirement savings. The employee funds set aside are pre-tax dollars and therefore reduce the amount of current income taxable to the employee. The District has established certain requirements in order for employees to qualify for the Plan. All contributions are voluntary by the employee and they are 100% vested at inception.

Effective July 1, 2011, the District offers a 401(a) employer funded retirement plan to eligible employees. Employees will be vested based upon a "tiered" schedule, with 100% vesting after three years.

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE J - CAPITAL ASSETS

Capital assets as of June 30, 2025 and 2024 were comprised of the following:

	<u>Balance at June 30, 2024</u>	<u>Transfers & Additions</u>	<u>Disposals & Retirements</u>	<u>Balance at June 30, 2025</u>
Land and land improvements	\$ 15,412,372		\$ (1,869,424)	\$ 13,542,948
Buildings and improvements	125,230,435	\$ 523,531	(20,554,366)	105,199,600
Equipment	60,089,885	1,252,763	(898,004)	60,444,644
Construction-in-progress	<u>4,469,972</u>	<u>1,202,274</u>		<u>5,672,246</u>
Totals at historical cost	205,202,664	2,978,568	(23,321,794)	184,859,438
Less accumulated depreciation for:				
Land and land improvements	(6,930,174)	(246,896)	1,005,365	(6,171,705)
Buildings and improvements	(65,413,597)	(3,580,244)	8,934,593	(60,059,248)
Equipment	<u>(49,847,832)</u>	<u>(2,391,041)</u>	<u>643,099</u>	<u>(51,595,774)</u>
Total accumulated depreciation	<u>(122,191,603)</u>	<u>(6,218,181)</u>	<u>10,583,057</u>	<u>(117,826,727)</u>
Capital assets, net	<u>\$ 83,011,061</u>	<u>\$ (3,239,613)</u>	<u>\$ (12,738,737)</u>	<u>\$ 67,032,711</u>

	<u>Balance at June 30, 2023</u>	<u>Transfers & Additions</u>	<u>Disposals & Retirements</u>	<u>Balance at June 30, 2024</u>
Land and land improvements	\$ 15,412,372			\$ 15,412,372
Buildings and improvements	124,689,973	\$ 540,462		125,230,435
Equipment	58,880,494	1,209,391		60,089,885
Construction-in-progress	<u>2,619,238</u>	<u>1,850,734</u>	<u>\$</u>	<u>4,469,972</u>
Totals at historical cost	201,602,077	3,600,587		205,202,664
Less accumulated depreciation for:				
Land and land improvements	(6,642,883)	(287,291)		(6,930,174)
Buildings and improvements	(61,527,910)	(3,885,687)		(65,413,597)
Equipment	<u>(47,391,173)</u>	<u>(2,456,659)</u>		<u>(49,847,832)</u>
Total accumulated depreciation	<u>(115,561,966)</u>	<u>(6,629,637)</u>		<u>(122,191,603)</u>
Capital assets, net	<u>\$ 86,040,111</u>	<u>\$ (3,029,050)</u>	<u>\$</u>	<u>\$ 83,011,061</u>

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE K - DEBT BORROWINGS

As of June 30, 2025 and 2024, debt borrowings were as follows:

	<u>2025</u>	<u>2024</u>
Lompoc Valley Medical Center 2020 General Obligation Refunding Bonds (refinanced 2013 General Obligation Refunding Bonds during the fiscal year ended June 30, 2021); principal due each August 1 st at various amounts through August 1, 2036; interest due semi-annually on August 1 st and February 1 st (2.31%); collateralized by District property tax revenues:	\$ 29,576,916	\$ 31,286,095
Lompoc Valley Medical Center Taxable Insured Refunding Revenue Bonds, Series 2020 (refinanced 2013 Revenue Bonds during the fiscal year ended June 30, 2021); principal due each July 1 st at various amounts through July 1, 2042; interest due semi-annually on July 1 st and January 1 st (1.75% to 2.996%); collateralized by District revenues and other property:		15,000,000
Lompoc Healthcare District 2014 General Obligation Refunding Bonds, principal payment due each August 1 st at various amounts through August 1, 2037; interest due semi-annually on August 1 st and February 1 st (2% to 5%) collateralized by District property tax revenues:	27,640,000	28,480,000
Bond premiums	<u>304,860</u>	<u>758,909</u>
	57,521,776	75,525,004
Less current maturities of debt borrowings	<u>(2,772,611)</u>	<u>(3,169,179)</u>
	<u>\$ 54,749,165</u>	<u>\$ 72,355,825</u>

Future principal maturities for debt borrowings for the next five succeeding years are: \$2,772,611 in 2026; \$3,018,767 in 2027; \$3,250,403 in 2028; \$3,506,390 in 2029; and \$3,759,456.

LOMPOC VALLEY MEDICAL CENTER

NOTE L - COMMITMENTS AND CONTINGENCIES

Construction-in-Progress: As of June 30, 2025, the District has recorded \$5,672,246 as construction-in-progress representing cost capitalized for various remodeling and expansion projects on the District's premises. Future costs to complete all projects as of June 30, 2025 are considered minor.

Operating Leases: The District leases various equipment and facilities under operating leases expiring at various dates. Total building and equipment rent expense for the years ended June 30, 2025 and 2024, was \$499,482 and \$892,256, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2025, other than those disclosed in Note N, that have remaining terms in excess of one year are not material.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2025 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Medical Malpractice Insurance: The District maintains commercial malpractice liability insurance coverage under a claims made and reported policy covering losses up to \$10 million per claim and \$20 million in the annual aggregate, with a per claim deductible of \$10,000. The District plans to maintain the insurance coverage by renewing its current policy, or by replacing it with equivalent insurance.

Workers Compensation Program: The District is self-funded for workers' compensation and is issued a Certificate of Consent to Self-Insure by the State of California, Department of Industrial Relations. The District purchases excess liability insurance to provide coverage for workers' compensation claim exposures over its self-insurance retention limit of \$750,000. For the year ended June 30, 2025 and 2024, the District expense for worker's compensation was \$634,515 and \$1,480,389, respectively.

Health Insurance Portability and Accountability Act: The Health Insurance Portability and Accountability Act (HIPAA) was enacted August 21, 1996, to ensure health insurance portability, reduce health care fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information. Organizations are subject to significant fines and penalties if found not to be compliant with the provisions outlined in the regulations. Management believes the District is in compliance with HIPAA as of June 30, 2025 and 2024.

Regulatory Environment: The District is subject to several laws and regulations. These laws and regulations include matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Government activity has increased with respect to possible violations of statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with all applicable government laws and regulations and is not aware of any future actions or unasserted claims at this time.

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE M - CHARITY CARE AND COMMUNITY BENEFIT EXPENSE

The District monitors the level of charity care and community service it provides. The amount of charges foregone, (based on established rates), for services and supplies furnished under its charity care policies are presented in the following summary which is a compilation of the District's charity care and community benefit expense for the years ended June 30, 2025 and 2024, in terms of services to the poor and benefits to the broader community:

	<u>2025</u>	<u>2024</u>
Benefits for the poor:		
Traditional charity care	\$ 10,191,339	\$ 7,214,599
Uncompensated care and administrative write-offs	<u>1,604,768</u>	<u>1,310,781</u>
Total net charity and uncompensated care	11,796,107	8,525,380
Unpaid Medi-Cal program charges	<u>47,215,999</u>	<u>50,454,417</u>
Total quantifiable benefits for the poor	59,012,106	58,979,797
Benefits for the broader community:		
Unpaid Medicare program charges	<u>137,568,755</u>	<u>104,050,454</u>
Total quantifiable benefits for the broader community	<u>137,568,755</u>	<u>104,050,454</u>
Total quantifiable community benefits	<u><u>\$196,580,861</u></u>	<u><u>\$163,030,251</u></u>

NOTE N - LEASES

As of July 1, 2021 the District adopted the Governmental Accounting Standards Board (GASB) 87 requiring certain changes in the way the District accounted for leases, both as a lessee and as a lessor.

The District leases office space for Oncology services under an operating lease. Lease commencement occurs on the date the District takes possession or control of the property. Original terms for the lease is 10 years. This lease contains an option to extend for two successive periods of five years each. The annual increase to base rent of 2.5% will be used should the option to extend be exercised. The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

This lease requires payment of common area maintenance and real estate taxes which represent the majority of variable lease costs. Variable lease costs are excluded from the present value of lease obligations. The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

The District also is the lessor of several minor lease arrangements in addition to the lessee arrangement described above. The following tables present the net amounts of both lessee and lessor arrangements as of June 30, 2025.

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE N - LEASES (continued)

Lessee and lessor -lease related assets and liabilities as of June 30, 2025 and 2024 consist of the following:

Assets:	<u>2025</u>
Operating lease asset - current portion	\$ 66,377
Operating lease asset - noncurrent portion	-0-
Lease receivable - current portion	129,221
Lease receivable - noncurrent portion	<u>1,109,616</u>
Total lease assets	<u>\$ 1,305,213</u>
Liabilities:	
Operating lease payable - current portion	\$ 68,718
Operating lease payable - noncurrent portion	-0-
Deferred inflow of resources - current portion	150,927
Deferred inflow of resources - noncurrent portion	<u>1,031,335</u>
Total operating lease payables	<u>\$ 1,250,979</u>

Total operating lease expense under this lease arrangement for the years ended June 30, 2025 and 2024 was \$159,304 and \$129,967, respectively.

The future minimum rental revenues and payments required under operating lease obligations as of June 30, 2025, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

Years ending June 30,

Payment	2026	\$ (69,320)
Revenue	2026	170,520
Revenue	2027	170,520
Revenue	2028	174,783
Revenue	2029	187,572
Revenue	Thereafter	<u>719,026</u>
	Total	1,353,101
	Less: interest	<u>(182,983)</u>
	Present value of net leases	<u>\$ 1,170,118</u>

The weighted average for the remaining lease term of this operating lease is 5.0 and the weighted average discount rate for this operating leases is 3.5%

Notes to Combined Financial Statements (continued)

LOMPOC VALLEY MEDICAL CENTER

NOTE N - LEASES (continued)

The District use to lease the Champion Center and another building to third parties under operating leases. Lease commencement occurred on the date the District third party took possession or control of the properties. Original terms for the leases varied. This lease contained an options to extend for additional years. The lease also contained options to terminate the lease at specific times. The lease terminated with the sale of the Champion Center during the year.

The leases did not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

This lease required payment of common area maintenance and real estate taxes which represented the majority of variable lease costs. Variable lease costs were excluded from the present value of these lease obligations.

The District's lease agreement did not contain any material restrictions, covenants, or any material residual value guarantees.

Lessor-lease related assets and deferred inflows of resources as of June 30, 2024 consisted of the following:

Assets:	<u>2024</u>
Lease receivable - current portion	\$ 1,015,149
Lease receivable - noncurrent portion	<u>6,550,591</u>
Total lease assets	<u>\$ 7,565,740</u>
Deferred inflows of resources:	
Deferred inflows of resources	<u>\$ 7,432,108</u>
Total deferred inflows of resources	<u>\$ 7,432,108</u>

Total operating lease revenues under this lease arrangement for the year ended June 30, 2024 was \$851,376.

NOTE O - SUBSEQUENT EVENTS

Management evaluated the effect of other subsequent events on the combined financial statements through October 17, 2025, the date the combined financial statements are issued, and determined that there were no material subsequent events that should be disclosed.

SUPPLEMENTARY SCHEDULE

Earnings Before Interest, Depreciation and Amortization (EBIDA)

LOMPOC VALLEY MEDICAL CENTER

	Year Ended June 30	
	2025	2024
Operating revenues		
Net patient service revenue	\$169,253,447	\$153,367,762
Capitation revenue	892,131	881,829
Other operating revenues	<u>5,865,344</u>	<u>5,818,912</u>
Total operating revenues	176,010,922	160,068,503
Operating expenses		
Salaries and wages	56,873,681	52,644,205
Employee benefits	19,814,018	19,275,429
Professional and other fees	17,745,939	15,980,469
Registry	13,881,349	13,649,314
Supplies	28,573,059	25,102,235
Purchased services	12,636,164	12,553,830
Utilities	1,837,863	1,718,068
Building and equipment rent	499,482	892,256
Insurance	2,481,644	2,319,100
Other operating expenses	<u>6,539,258</u>	<u>6,678,798</u>
Total operating expenses w/o interest, depreciation & amortization	<u>160,882,457</u>	<u>150,813,704</u>
Earnings before interest, depreciation and amortization	<u>\$ 15,128,465</u>	<u>\$ 9,254,799</u>

The earnings before interest, depreciation and amortization schedule is derived from the combined statements of operations and changes in net assets. However, it excludes the following line items:

Interest expense
 Depreciation and amortization
 District tax revenues
 Investment income
 Gain on disposals of property
 Contributions

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

7797 North First Street, Suite 101#111, Fresno, California 93720

763 West Lighthouse Drive, Saratoga Springs, Utah 84045

Cell: (559) 287-6591; Email: rjctcpa@aol.com

Independent Auditors 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

The Board of Directors
Lompoc Valley Medical Center
Lompoc, California

We have audited, in accordance with the 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 combined financial statements of the Lompoc Valley Medical Center, a district hospital (the District) as of and for the years ended June 30, 2025 and 2024, and the related notes to the combined financial statements, which collectively comprise the District's combined financial statements, and have issued our report thereon dated October 17, 2025.

Internal Control over Financial Reporting

In planning and performing our audit of the combined 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 combined 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 combined financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's combined 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 combined financial statement. 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.

MW & Associates, LLP

Fresno, California
October 17, 2025