

CHERRY COUNTY
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY

Consolidated Companies Inc., hereinafter referred to as "Owner", request to construct a/an
Fiber Optic line occupying the Cherry County public highway system at (legal)
description - see attached maps

The Owner proposes to place and maintain the aforesaid construction on Cherry County Public Right-of-Way at Owner's risk and expense and hereby absolves Cherry County, its' officials and employees from any liability arising from the placing and maintaining of said construction. Cherry County will not be liable for any damage to the aforesaid construction that may be caused by Cherry County during maintenance of the right-of-way and if a future road improvement project is scheduled through this area and if the aforesaid construction conflicts with the road improvement project, the Owner will relocate the aforesaid construction at the Owner's expense.

The item that is crossing the roadway and that will occupy the County Right-of-Way is recommended to be bored under the roadway. It is recommended the holes dug for the boring process should be located on private right-of-way. Open trench may be allowed at the discretion of the County. The Owner will cooperate fully with the officials of Cherry County and will keep them fully and immediately informed of all construction or maintenance work required on the Cherry County Public Right-of-Way. The new aforesaid construction shall be placed at least four foot below the present flow line of both adjoining ditches. The surface of the roadway and the road ditch will be restored to the same condition as it was prior to the work and such restoration will be accomplished to the reasonable satisfaction of Cherry County Officials.

The person to be contacted, PRIOR TO CONSTRUCTION by anyone needing a permit, is the County Highway Superintendent, PO Box 50, Valentine NE 69201. 402-376-2691.

Each location is to be inspected by the Cherry County Roads Department when the permit is submitted and upon project completion, at which latter time any work or supply of gravel reasonably required to restore the surface of the roadway or work to restore the county Right-of-Way to the same condition as it was prior to the work will be determined and the work performed and gravel supplied by Owner.

A plat map and sketch indicating approximate location to or from some easily recognizable landmark must be attached. GPS coordinates are recommended.

The Owner/Applicant shall be responsible for calling Diggers Hotline at 1-800-331-5666, and having utilities located before beginning any work. The Owner/Applicant will be responsible for all damages to any utilities.

The Owner/Applicant shall be responsible to furnish signs, barricades and/or flag persons and whatever is necessary to protect the traveling public from exposure to accidents.

Date 7-19-23
[Signature] Ryan Pate
(Signature of Owner)
P.O. Box 6147 Lincoln, NE 68506
(Complete Mailing Address)

PERMIT

At the option of the County Board of Commissioners, the owner shall furnish a Surety Bond for an amount specified by the County Board of Commissioners. The form of the Surety Bonds shall be acceptable the the Cherry County Board.
Surety Bond Required: Yes _____ No _____ Amount _____

COMMENTS: (County only) I have reviewed the plans and specifications for this project and recommend that this permit be granted subject to the Owner agreeing to all of the terms listed above.

Date _____ Signature – Highway Superintendent _____

We hereby grant permission to occupy the County Right-of-Way at the location and according to the procedures and conditions described in this document. This permit is valid for 6 months from date of issue.

Date _____ Signature – Board Chairman _____

Cherry County Road Department
Application Requesting Permission To Bury Utilities
In Or On County Right-Of-Way

I, Ryan Pate request permission from the Cherry County Commissioners
to bury or locate Fiber Optic in or on the right-of-way of the County of Cherry.
Name of Utilities
Location = see attached maps
Describe by 1/4 section the location where the utility is to be located
Length 38,450'
Estimate the length of the proposed utility on County right-of-way.

Draw sketch on plat below showing location of such Utility:
Township _____ Range _____ of 6th P.M. _____ County _____

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36

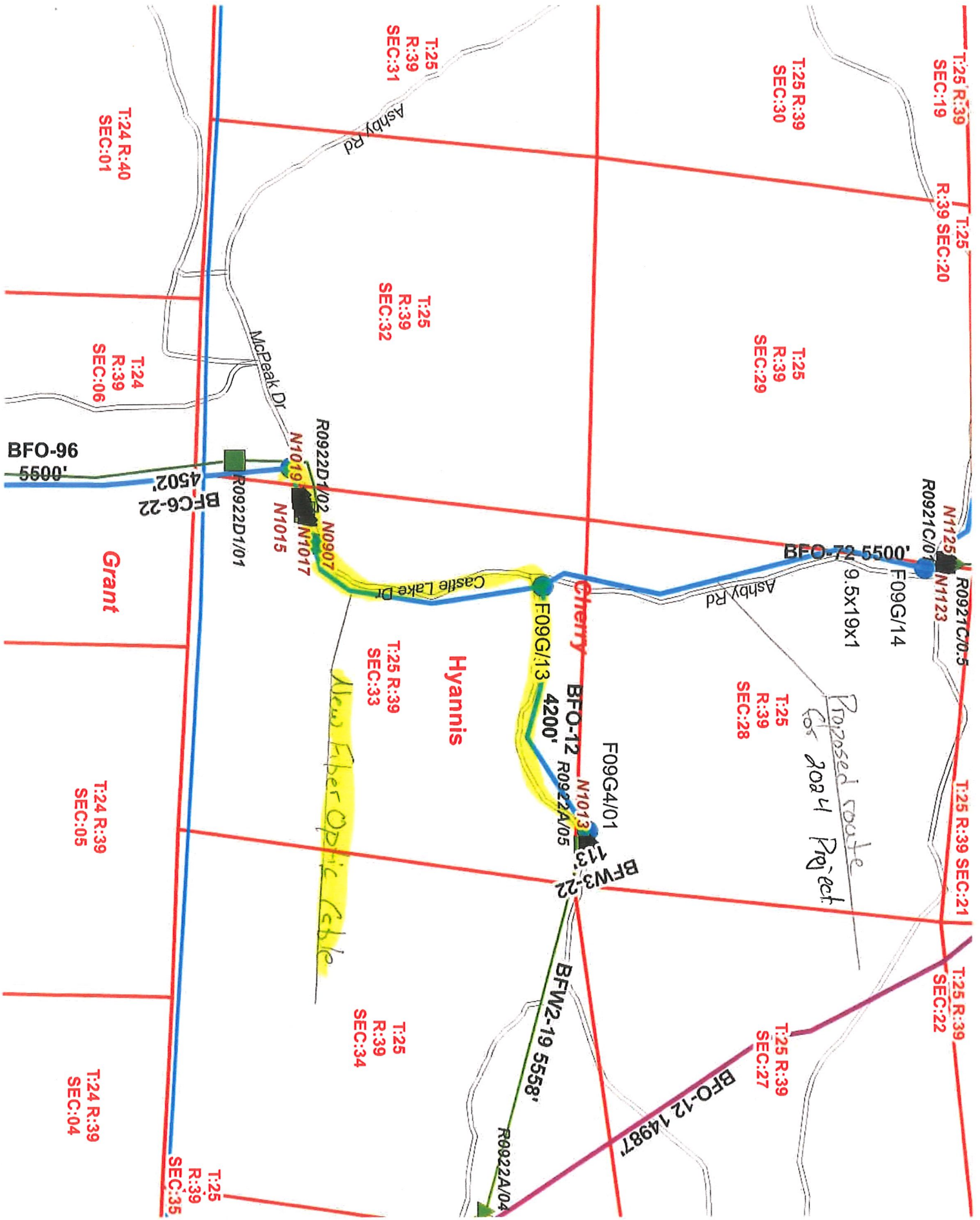
Owners or renters desiring to place waterline or gas line in or across County right-of-way must have permission granted by the Cherry County Commissioners. Water and gas lines buried in the ROW or under the roadbed proper must be a minimum of 48" deep and be of steel, copper, or approved PVC pipe. All electric service that is buried must be buried to the following depths, primary 48", secondary 36". All telephone communications minimum of 30". In case any of the foregoing services are disrupted, damaged or put out of service, the County will not be liable in any way. Permission must be granted by the Cherry County Commissioners for any installation of utilities. An approved sign shall be erected on a post 5' above ground level designating the route and location of the utility.

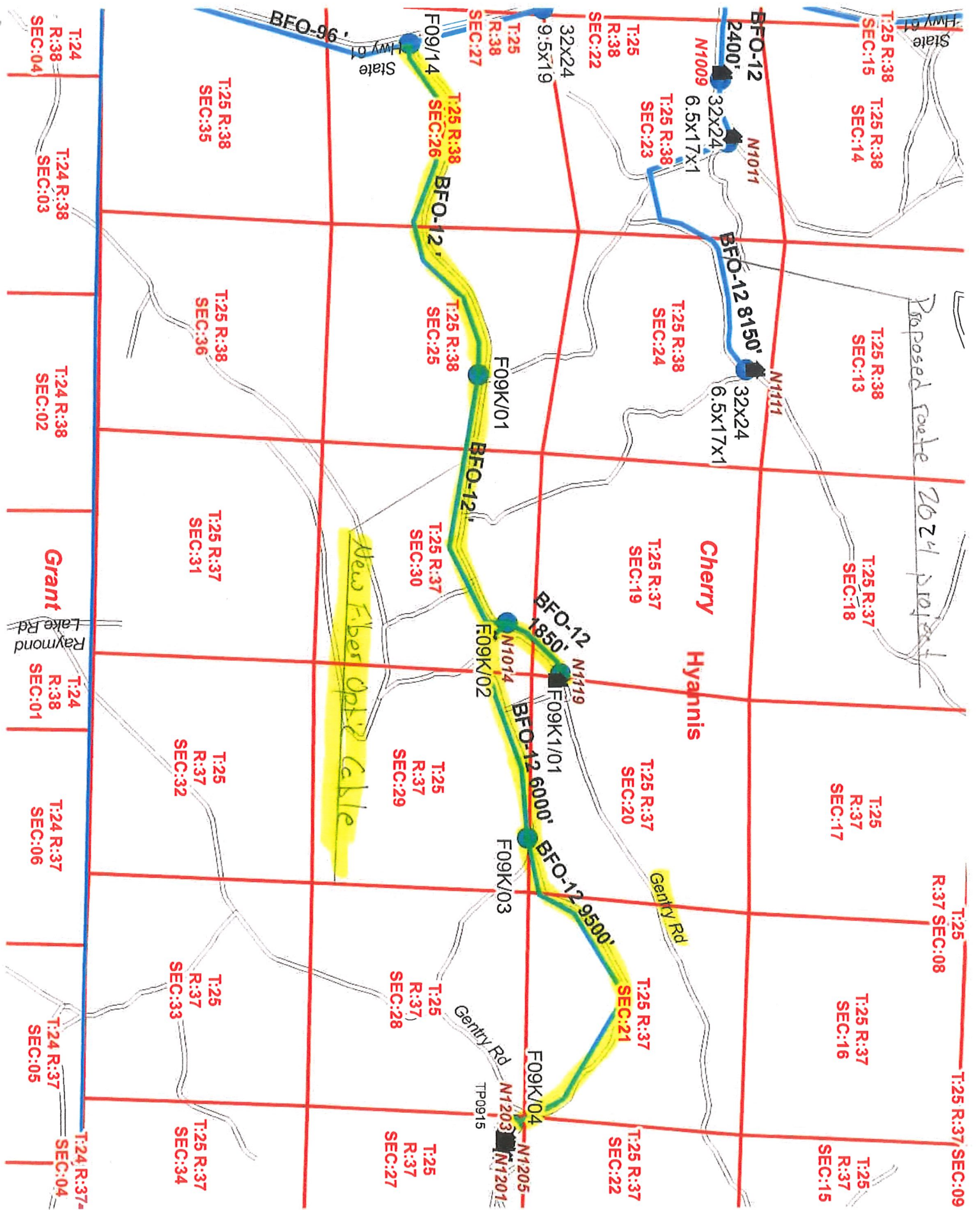
7-19-23
Dated

Approved _____ Rejected _____
Ryan Pate - Consolidated Companies, Inc.
Name of Applicant

Date

Chairman





CHERRY COUNTY
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY

x Larry Turner, hereinafter referred to as "Owner", request to construct a/an
100' Electrical Line occupying the Cherry County public highway system at (legal)
description Lat. 42.9039010 Long - 100.1983786

The Owner proposes to place and maintain the aforesaid construction on Cherry County Public Right-of-Way at Owner's risk and expense and hereby absolves Cherry County, its' officials and employees from any liability arising from the placing and maintaining of said construction. Cherry County will not be liable for any damage to the aforesaid construction that may be caused by Cherry County during maintenance of the right-of-way and if a future road improvement project is scheduled through this area and if the aforesaid construction conflicts with the road improvement project, the Owner will relocate the aforesaid construction at the Owner's expense.

The item that is crossing the roadway and that will occupy the County Right-of-Way is recommended to be bored under the roadway. It is recommended the holes dug for the boring process should be located on private right-of-way. Open trench may be allowed at the discretion of the County. The Owner will cooperate fully with the officials of Cherry County and will keep them fully and immediately informed of all construction or maintenance work required on the Cherry County Public Right-of-Way. The new aforesaid construction shall be placed at least four foot below the present flow line of both adjoining ditches. The surface of the roadway and the road ditch will be restored to the same condition as it was prior to the work and such restoration will be accomplished to the reasonable satisfaction of Cherry County Officials.

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A plat map and sketch indicating approximate location to or from some easily recognizable landmark must be attached. GPS coordinates are recommended.

The Owner/Applicant shall be responsible for calling Diggers Hotline at 1-800-331-5666, and having utilities located before beginning any work. The Owner/Applicant will be responsible for all damages to any utilities.

The Owner/Applicant shall be responsible to furnish signs, barricades and/or flag persons and whatever is necessary to protect the traveling public from exposure to accidents.

Date _____

x Larry Turner
(Signature of Owner)

41335 57 Hwy 12 Valentine Ne 69201
(Complete Mailing Address)

PERMIT

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Surety Bond Required: Yes _____ No _____ Amount _____

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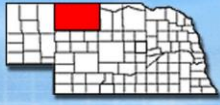
Date _____

Signature - Highway Superintendent

We hereby grant permission to occupy the County Right-of-Way at the location and according to the procedures and conditions described in this document. This permit is valid for 6 months from date of issue.

Date _____

Signature - Board Chairman



Cherry County Planning and Zoning Minutes



CHERRY COUNTY PLANNING COMMISSION MINUTES

July 11, 2023

CHERRY COUNTY COURTHOUSE COURTROOM

The meeting was called to order at 4:30 PM CT by Chairman Duane Kime in the advertised location of the Cherry County Courthouse Courtroom.

Roll call was taken. The following members were present: Dave Rogers, Wade Andrews, Michael McLeod, Duane Kime, Sherri Bacon, Gary Swanson, and John Lee. Absent was Chris Gentry and Albert Ericksen. Also present were Jessica Coyle, Zoning Administrator, and various members of the public.

The Open Meetings Act was noted as was the public notice in the Valentine Midland News pertaining to this meeting.

Approval of Minutes

Wade A. made a motion to approve the minutes from the June 6, 2023 meeting. Sherri B. seconded the motion. Roll call vote was taken. Dave R.-Yes, Chris G.-Absent, Wade A.-Yes, Michael M.-Yes, Duane K.-Yes, Sherri B.-Yes, Gary S.-Yes, John L.-Yes, and Albert E.-Absent. Motion carried 7-0.

Public Hearing

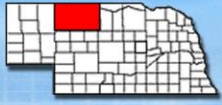
Chairman Kime opened public hearing on Marvin Miller for a welding and sharpening bandsaw blades for portable saws etc., also sharpening other tools for farmers and homeowners CUP#002/23 at 4:35 PM CT. Chairman Kime asked Marvin to speak on behalf of his application explaining the operation. Marvin stated that this is the business he had in Michigan and would like to continue operation here. Chairman Kime then opened it up to the public to comment. No public commented. Chairman Kime closed the public hearing at 4:50 pm.

Chairman Kime asked if the meeting and public hearing were properly advertised and Zoning Administrator replied yes.

Chairman Kime asked Zoning Administrator if Marvin Miller application for a welding and sharpening bandsaw blades for portable saws etc., also sharpening other tools for farmers and homeowners CUP#002/23 application is complete. Zoning administrator stated yes.

Chairman Kime asked for disclosure of any conflicts of interest on Marvin Miller for a welding and sharpening bandsaw blades for portable saws etc., also sharpening other tools for farmers and homeowners CUP#002/23 from the board. No board members disclosed any conflicts.

Chairman Kime asked for any disclosure of ex-parte communications by any member on Marvin Miller for a welding and sharpening bandsaw blades for portable saws etc., also sharpening other tools for farmers and homeowners CUP#002/23. No members had any communications.



Cherry County Planning and Zoning Minutes



Discuss/Act on Marvin Miller for a welding and sharpening bandsaw blades for portable saws etc., also sharpening other tools for farmers and homeowners CUP#002/23

Chairman Kime asked Marvin to come to the microphone so the board could ask some questions. Sherri B. asked if the public could come to the shop. Marvin stated that it was open to anyone.

Wade A. made a motion to recommend approval of CUP#002/23 Marvin Miller for a welding and sharpening bandsaw blades for portable saws etc., also sharpening other tools for farmers and homeowners. John L. seconded the motion. Roll call vote was taken. Chris G.-Absent, Wade A.-Yes, Michael M.-Yes, Duane K.-Yes, Sherri B.-Yes, Gary S.-Yes, John L.-Yes, Albert E.-Absent, and Dave R.-Yes. Motion carried 7-0.

The board discussed other business until the next public hearing could start.

Public Hearing on James Yoder for manufacturing of portable log cabins and kits CUP#003/23 at 5:00 PM CT

Chairman Kime opened the public hearing on James Yoder for manufacturing of portable log cabins and kits CUP#003/23 at 5:01 PM CT. Chairman Kime asked James to come and explain his application to the board. James spoke about the intent of the Amish way of life to have a family business. His business of portable cabins and log cabin kits will be a new adventure for his family. No one spoke from the public. Chairman Kime closed the public hearing at 5:16 PM CT.

Chairman Kime asked if the meeting and public hearing were properly advertised with Zoning Administrator replying yes.

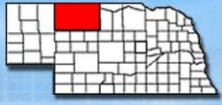
Chairman Kime asked Zoning Administrator if James Yoder application for manufacturing of portable log cabins and kits CUP#003/23 application is complete. The Zoning Administrator replied yes.

Chairman Kime asked for disclosure of any conflicts of interest James Yoder for manufacturing of portable log cabins and kits CUP#003/23 of the board. No board members disclosed any conflicts.

Chairman Kime asked for any disclosure of ex-parte communications by any member on James Yoder for manufacturing of portable log cabins and kits CUP#003/23. No board members had any communications.

Discuss/Act on James Yoder for manufacturing of portable log cabins and kits CUP#003/23

Chairman Kime asked James to come up so the board could ask questions. Sherri B. asked about how much truck traffic generation will be on the county roads. James said minimal as he's not sure yet because it's new. John L. asked about the buildings possibly being built on site. James said that it would be a possibility. Chairman Kime asked how they would be hauling and it will be by trucks. Sherri B. asked about the kits and if shipped in pieces. James said yes and that



Cherry County Planning and Zoning Minutes



there will be minimal traffic generated. Wade A. made a motion to recommend approval of CUP 003/23. Dave R. seconded the motion. Roll call vote was taken. Wade A.-Yes, Michael M.-Yes, Duane K.-Yes, Sherri B.-Yes, Gary S.-Yes, John L.-Yes, Albert E.-Absent, Dave R.-Yes, and Chris G.-Absent. Motion carried 7-0.

During public comment various members of the public spoke.

New Business:

Discuss/Act Location for Dates in August for Open Houses about Comprehensive Plan and Zoning Regulations

No motion was made. The board discussed the locations for the dates of August 30 & 31 Open Houses. On August 30th locations will be Thedford and Valentine. On August 31st locations will be Hyannis and Nenzel. The Zoning Administrator is going to work on getting the locations in each of these towns to confirm at the August 1 meeting.

Set Meeting Date and Time

The board set a date of August 1 at 4:30 PM CT for the next meeting in the Valentine Public Library Meeting Room.

Old Business:

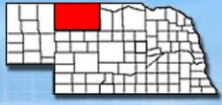
Discuss/Act on TK Angus Co. for a Confined Animal Feeding Operation of a swine finisher housing 4,999 head over 55lbs
CUP#001/23

The board discussed many findings and addressed the concerns of the public. Gary S. asked the Zoning Administrator how it will affect property values. Zoning Administrator replied that there's no way to tell as it depends on many factors is what she found from other zoning offices.

Gary S. and Chairman Kime both spoke about odor after visiting sites in Broken Bow and Iowa.

Sherri B. addressed the public's concerns and the data they presented during the public hearing. She doesn't feel that the data has any relevance since it's not from a similar facility. She also addressed the idea that it will only benefit 1 family. This is a private business but will benefit the county after built by the taxes they will pay and then as they turn profit more spent locally. Sherri B. doesn't see how it can affect the Scenic River when it's over 5 miles away. She stated that it's in the Cattle Country Agricultural District and this is livestock which is ag, it meets the setbacks, and we have no control over the crops grown on the pivots to be planted.

Gary S. suggested that they table until the next meeting so those not in attendance could be there and want others on the board to go visit a similar facility. He also suggested these possible conditions: application requires NDEE approved permit prior to construction, no selling or gifting of manure, injection only of manure, and only spring injection. The board discussed these possible conditions.



Cherry County Planning and Zoning Minutes



Chairman Kime addressed the concerns of the public as well including the mortality management site be required for approval, odor and that the sale barn has more animals and the manure is stored in a pile within Valentine city limits, no selling or gifting of manure, the MNNRD will have monitoring wells and that the public should get their wells tested now to get a baseline and that test wells will be put in as required by NDEE. He also stated that when you live in the country you could always potentially have a feedlot next to you, addressed others concerns of setbacks, manure stored under the building in a controlled area, the board is working to see if regulations are met, water, NDEE manages compliance, not Planning Commissions job to know who owns pigs, odor getting to river, why get county approval prior to NDEE permit, if regs met then pass it on, families living in Borman area already own animals, and should know setbacks when purchasing property.

Zoning Administrator reminded board of the biosecurity of the facilities when possibly visiting.

Wade A. addressed setbacks and that the board goes by what are in the regulations now but could look at changing them in the future.

Sherri B. stated that the odor footprint tool has been upheld in court and the setbacks meet it. She also feels that the mortality plan needs to be a condition. Sherri B. reminded that NDEE will regulate the facility for compliance and that the Planning Commissions' job is does it meet the current Zoning Regulations.

Gary S. made a motion to table the decision on CUP#001/23 TK Angus Co until the August meeting. Duane K. seconded the motion. Roll call vote was taken. Duane K.-Yes, Sherri B.-Yes, Gary S.-Yes, John L.-Yes, Albert E.-Absent, Dave R.-Yes, Chris G.-Absent, Wade A.-Yes, and Michael M.-Yes. Motion carried 7-0.

Communications:

None

Reports and Recommendations

None

Excused Absence:

Wade A. made a motion to excuse Albert E. from the meeting. Michael M. seconded the motion. Roll call vote was taken. Sherri B.-Yes, Gary S.-Yes, John L.-Yes, Albert E.-Absent, Dave R.-Yes, Chris G.-Absent, Wade A.-Yes, Michael M.-Yes, and Duane K.-Yes. Motion carried 7-0.

Chairman Kime adjourned the meeting at 6:27 PM CT.

Jessica Coyle

Zoning Administrator

TO DECLARE SURPLUS AT THE JULY 25TH , 2023 MEETING

STILL ON INSURANCE	3-104	KENWORTH	TRACTOR TRUCK	2000	W900	1XKWD69X4YR850002
	1-211	FORD	TUG/NO TITLE	2005	F350	1FDWF36P55EB48813
STILL ON INSURANCE	4-106	CATERPILLAR	MOTOR GRADER	12H	CBK00663	4ZF15212



Request for Funds (Drawdown/Payment Request)
Community Development Block Grant Program
Nebraska Department of Economic Development

Name of Subrecipient (Local Unit of Government)			Mailing Address		City	State	ZIP
CDBG Agreement Number	Federal Identification Number	DUNS Number	UEI Number	SAM Expiration Date	Number sequence order of funds	Final Drawdown	DED Program Representative

Part I – STATUS OF FUNDS

1. CDBG Funds Received to Date	
2. Add: Program Income Received to Date (exclude RLF)	
3. Subtotal	
4. Less: Federal Funds Disbursed To Date (Must Agree To Total Of Part II, Line 3)	
5. Total: Federal Funds On Hand (Must Agree To Part II, Line 6)	

Part II – CASH REQUIREMENTS (Identify all activities listed in the CDBG Agreement, even if funds are not being requested.)

Activity/Budget Category							TOTAL
1. Total Cash Requirements To Date							
2. Less: Local Funds Disbursed (includes RLF) (exclude Program Income)							
3. Less: Federal Funds Disbursed (include Program Income) Total Must Agree To Part I, Line 4 (exclude RLF)							
4. Total Current Cash Requirements							
5. Less: Unpaid Previous Request.							
6. Less: Federal Funds On Hand (Must Agree To Part I, Line 5)							
7. Net Amount of Federal Funds Requested							

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award, I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). I also certify that the amount of the request for federal funds is not in excess of current needs.

Signature of Authorized Official (Mayor/Board Chairman)	Typed Name of Authorized Official		Date
Signature of Authorized Official (Clerk/Treasurer)	Typed Name of Authorized Official		Date
Person Preparing Request for CDBG Funds Form Name:	Organization:	Telephone Number:	Email:

PLEASE REFER TO INSTRUCTIONS FOR ADDITIONAL GUIDANCE. INCOMPLETE OR INCORRECT FORMS WILL NOT BE PROCESSED

***To update calculations, either tab two (2) fields or click on a different field with your mouse.

Instructions: CDBG Request for Funds (Drawdown/Payment Request)

If a subrecipient has more than one CDBG agreement, funds must be requested separately. Carefully enter all requested information. Double check addition and subtraction. Funds requested must reflect actual eligible cost incurred. Claim exact amounts on each reimbursement down to the penny on the reimbursement request. Requests for funds are to be submitted only as funds are needed for immediate disbursement. Refer to the CDBG Administration Manual, Chapter 12 for more information.

With the exception of the final draw, or requested by DED, there is a **minimum to be drawn** as described below:

- **\$500:** Request for general administration expenditures only.
- **\$1,500:** Request amount for general administration and project expenditures
- **\$1,500:** Request amount for project expenditures only

Identifying Information

The top portion of the Request for CDBG Funds will be completed with the appropriate identifying information.

- **Name of Subrecipient:** Input name of local unit of government who entered into the Agreement with DED.
- **Mailing Address:** Input the mailing address of the subrecipient
- **CDBG Agreement Number:** the number assigned to the contractual agreement between DED and the subrecipient.
- **Federal Identification Number:** Input the subrecipient's federal identification number.
- **DUNS Number:** Input the subrecipient's DUNS Number. If submitting a request after April 4, 2022, this can be left blank.
- **UEI Number:** Input the Unique Entity Identifier number for the subrecipient. This can be located on sam.gov.
- **SAM Expiration Date:** System for Awards Management (SAM) registrant expiration date to receive payment of federal funds. All entities receiving federal funds are required to have an active status within SAM.
- **Number Sequence Order of Funds:** Each request must be sequentially numbered by the subrecipient. Number each request for funds in sequence based on the signature date by the authorized officials.
- **Final Drawdown:** Input "yes" if this is the last request for CDBG; Input "no" if this is not the last request for CDBG funds.
- **DED Program Representative:** Identify the DED Representative who is the main contact associated with the CDBG Agreement.

PART II: Cash Requirements

Part II provides information on the subrecipient's cash requirements. In the row labeled "Activity/Budget Category", identify all the activity code and activity name (as shown in the Sources and Uses Section of the CDBG agreement) above each column. Be sure to complete Part II for all approved activities even if funds are not requested for all activities.

- Line 1** Enter the total of all cash requirements to date for each activity/budget category. This amount should be equal to all expenditures paid to date plus cash needed to meet immediate cash obligations.
- Line 2** Subtract all local matching or other funds disbursed. (Include program income designated for revolving loan funds from prior CDBG agreements for same activities.) This will include local funds already expended and local funds, which will be expended to meet Line 1.
- Line 3** Subtract federal funds applied (include program income). The total of this row must equal the amount shown on Part I, Line 4.
- Line 4** Subtotal by subtracting Lines 2 and 3 from Line 1. This amount should be equal the amount of federal funds needed for immediate cash obligations.
- Line 5** Subtract the amount of any previous Request for CDBG funds, which has not yet been received.
- Line 6** Subtract the amount of federal funds on hand. This amount must equal the amount on Part I, Line 5.
- Line 7** The net amount of federal funds requested is determined by subtracting Lines 5 and 6 from Line 4. This should be the amount of CDBG funds needed (when added to CDBG funds on hand and CDBG funds requested but not yet received) to meet immediate cash obligations.

PART I: Status of Funds

Part I of the form will provide the status of CDBG funds for the related CDBG agreement.

- Line 1** List all CDBG funds received to date.
- Line 2** Add program income received from activities related to the CDBG agreement (exclude program income designated for revolving loan funds).
- Line 3** Subtotal Lines 1 and 2.
- Line 4** Subtract all disbursements of CDBG funds to date (MUST agree to total of Part II, Line 3).
- Line 5** Federal funds on hand should reflect CDBG funds which have not been disbursed.

Signatures

Signatures of both the Mayor/Board Chairperson and the Clerk/Treasurer are necessary to process the Request for CDBG Funds. Signatures must agree to authorization signatures submitted to DED on the Authorization to Request Community Development Block Grant Funds. After signing and dating the Request for CDBG Funds, the subrecipient should retain a copy of the form and upload within AmpliFund.

INCOMPLETE OR INCORRECT FORMS WILL NOT BE PROCESSED.

Cherry County Hospital
A Component Unit of Cherry County, Nebraska
Balance Sheets
06/30/23

JUNE 2023 JUNE 2022 \$ VARIANCE

ASSETS

Current assets:

Cash	\$ 3,876,183.32	\$ 4,276,211.99	\$ (400,028.67)
Short term investments	724,091.78	722,896.64	1,195.14
Receivables -			
Patients, net of estimated uncollectibles	2,069,012.87	1,800,169.83	268,843.04
Employee	117,000.00	117,000.00	0.00
Other	(5,048.95)	59,951.01	(64,999.96)
Inventories	1,612,823.28	1,298,998.56	313,824.72
Prepaid expenses	451,478.31	267,241.70	184,236.61
Estimated third-party payor settlements	(542,635.44)	(1,033,722.68)	491,087.24

Total current assets 8,302,905.17 7,508,747.05 794,158.12

Assets limited as to use 12,541,216.47 12,885,069.73 (343,853.26)

Capital assets, net 22,179,348.35 22,021,712.77 157,635.58

Total assets \$ 43,023,469.99 \$ 42,415,529.55 \$ 607,940.44

LIABILITIES

Current liabilities:

Accounts Payable-			
Trade	\$ 268,222.16	\$ 764,030.94	\$ 495,808.78
Capital assets	(846,732.48)	(622,714.48)	224,018.00
Salaries, wages, paid leave time and other accrued expenses payable	853,492.12	641,493.47	(211,998.65)

Total current liabilities 274,981.80 782,809.93 507,828.13

NET POSITION:

Net Invested in capital assets	23,026,080.83	22,644,427.25	381,653.58
Unrestricted	19,722,407.36	18,988,292.37	(734,114.99)

Total net position 42,748,488.19 41,632,719.62 (1,115,768.57)

Total liabilities and net position 43,023,469.99 42,415,529.55 (607,940.44)

See notes to financial statements

CHERRY COUNTY HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
06/30/23

	CURRENT PER	-----YEAR TO DATE-----			%
		THIS YEAR	LAST YEAR	INCR/(DECR)	
REVENUE:					
NET PATIENT SERVICE REVENUE (Note 1)	\$ 2,498,796	\$ 7,515,521	\$ 7,002,719	\$ 512,803	7.32
OTHER REVENUE (Note 2)	\$ 22,562	\$ 212,924	\$ 61,807	\$ 151,116	244.50
TOTAL REVENUE	2,521,358	7,728,445	7,064,526	663,919	9.40
EXPENSES:					
DEPARTMENTAL:					
NURSING SERVICES	306,064	973,116	639,647	333,469	52.13
OTHER PROFESSIONAL SERVICES	1,645,296	4,622,147	4,169,332	452,765	10.86
GENERAL SERVICES	68,173	273,982	262,376	11,606	4.42
ADMINISTRATIVE SERVICES	164,599	527,980	411,373	116,607	28.35
NON-DEPARTMENTAL:					
EMPLOYEE BENEFITS	26,057	266,371	239,378	26,993	11.25
MEDICAL MALPRACTICE COSTS	0	0	0	0	0.00
DEPRECIATION & AMORTIZATION (Note 3)	207,654	612,123	593,918	21,205	4.03
INSURANCE	15,737	56,906	48,503	8,403	17.32
INTEREST - NOTES	0	0	0	0	0.00
INTEREST - LEASES	0	0	0	0	0.00
PROVISION FOR BAD DEBTS	220,000	660,000	185,000	475,000	256.76
TOTAL EXPENSES	2,653,581	7,999,125	6,550,077	1,449,048	22.12
INCOME FROM OPERATIONS	(132,223)	(270,681)	514,449	(785,129)	(152.62)
NONOPERATING GAINS (LOSSES)					
UNRESTRICTED CONTRIBUTIONS (Note 4)	20,005	80,977	(3,015,297)	3,127,274	(102.56)
INVESTMENT INCOME					
NONOPERATING GAINS (LOSSES)	20,005	80,977	(3,046,297)	3,127,274	(102.66)
REVENUE AND GAINS IN EXCESS OF EXPENSES AND LOSSES	\$ (112,136)	\$ (169,704)	\$ (2,531,848)	\$ 2,362,143	(92.51)

CHERRY COUNTY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
06/30/23

-----YEAR TO DATE-----
LAST YEAR INCR/(DECR) %

(NOTE 1) PATIENT SERVICE REVENUE

	\$	3,669,721	\$	10,936,673	\$	10,201,755	\$	734,918	7.20
TOTAL PATIENT REVENUE									
LESS CONTRACTUAL ALLOWANCES									
INPT MEDICARE	43,393		93,744		(31,246)		124,990	(400.02)	
INPT MEDICAID NE	450		4,987		(334)		5,320	(1,595.25)	
INPT MEDICAID SD	23,076		71,790		30,545		33,245	56.23	
INPT BLUE CROSS	1,730		13,247		7,399		5,848	79.05	
INPT COMMERCIAL	1,760		3,778		4,811		(1,034)	(21.48)	
INPT IHS	0		0		12,447		(12,447)	(100.00)	
INPT VA-CHAMPUS	0		10,550		27,328		(16,778)	(61.40)	
INPT PRIVATE PAY	0		347		0		347		
SWB MEDICARE	4,043		(47,977)		(71,946)		23,969	(33.32)	
SWB MEDICAID OTHER	0		0		5,380		(5,380)	(100.00)	
OUTPT MEDICARE	350,489		1,622,807		1,810,358		(187,551)	(10.36)	
OUTPT MEDICARE ADV	6,339		37,686		14,505		23,181	159.81	
OUTPT MEDICAID NE	136,684		171,022		165,352		5,670	3.43	
OUTPT MEDICAID SD	149,369		215,994		210,410		5,574	2.65	
OUTPT MEDICAID OTHER	2,623		2,623		0		2,623		
OUTPT BLUE CROSS	150,066		304,410		179,191		125,219	70.82	
OUTPT COMMERCIAL	24,412		86,001		80,078		5,923	7.40	
OUTPT IHS	24,404		99,425		111,048		(11,623)	(10.47)	
OUTPT VA-CHAMPUS	68,232		176,921		133,641		43,280	32.39	
OUTPT PRIVATE PAY	2,686		9,912		33,172		(23,260)	(70.12)	
MCARE PR YR CA CONV	0		0		114,000		(114,000)	(100.00)	
PROF FEE MEDICARE	842		10,782		9,956		786	7.86	
PROF FEE MEDICAID NE	0		4		912		(908)	(99.52)	
PROF FEE MEDICAID SD	179		535		3,050		(2,515)	(82.47)	
PROF FEE MEDICAID OTH	0		0		53		(53)	(100.00)	
PROF FEE BLUE CROSS	393		562		0		562		
PROF FEE COMMERCIAL	0		0		562		(562)	(100.00)	
PROF FEE IHS	0		513		795		(282)	(35.46)	
PROF FEE VA-CHAMPUS	0		356		612		(256)	(41.87)	
PROF FEE PRIVATE PAY	0		0		(38)		38	(100.00)	
CCC MEDICARE	13,983		54,421		116,371		(61,950)	(44.64)	
CCC MEDICARE ADV	167		1,190		0		1,190		
CCC MEDICAID NE	7,353		18,117		21,634		(3,717)	(17.03)	
CCC MEDICAID SD	42,726		80,071		14,435		65,636	454.71	
CCC MEDICAID OTHER	134		326		663		(337)	(50.97)	
CCC BLUE CROSS	22,400		77,050		40,824		37,026	94.24	
CCC COMMERCIAL	19,068		49,947		14,662		25,285	102.45	
CCC IHS	33		2,751		411		2,343	127.03	
CCC VA-CHAMPUS	2,550		22,613		7,827		14,786	138.42	
CCC PRIVATE PAY	904		1,601		2,319		(718)	(30.77)	
CHERRY COUNTY CLINIC	82		356		188		171	91.05	
SURGEON DISCOUNTS	0		0		0		0	0.00	
PROFESSIONAL DISCOUNTS	0		0		0		0	0.00	

LESS OTHER DEDUCTIONS

SMALL BALANCES
ADMINISTRATIVE

120
437

68
20,536

168
20,370

11
10,121

175.12
2.10

CHERRY COUNTY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
06/30/23

	CURRENT PER	THIS YEAR	LAST YEAR	INCR/(DECR)	%
CHARITY	60,000	202,355	98,397	103,968	105.67
CASH DISCOUNTS	(22)	(2,861)	(247)	(2,614)	1,057.50
EMPLOYEE DISCOUNTS	403	2,444	1,781	663	37.19
AR LONG/SHORT ADJ	0	0	0	0	0.00
TOTAL OTHER DEDUCTIONS	70,451	223,059	120,526	102,533	85.10
NET PATIENT SERVICE REVENUE	\$ 2,496,796	\$ 7,515,521	\$ 7,002,719	\$ 512,803	7.32
(NOTE 2) OTHER REVENUE					
MED/RECORDS SALES	0	0	0	0	0.00
CCC MED REC FEES	0	0	0	0	0.00
PROF FEES BILLING REV	0	0	0	0	0.00
CONTRACT LABOR	1,213	1,213	6,486	(5,273)	(81.30)
OP DIETETIC TEACHING	0	0	0	0	0.00
CLINIC DICTATION	0	0	0	0	0.00
340 D	9,632	171,283	23,656	147,627	624.05
CAFETERIA SALES	1,079	11,387	4,899	6,488	132.44
VENDING MACHINES	0	0	0	0	0.00
FINANCE CHARGE	10,639	28,402	26,767	1,635	6.11
MISCELLANEOUS	0	640	0	640	0.00
PHYSICIAN INCENTIVE	0	0	0	0	0.00
TOTAL OTHER REVENUE	\$ 22,562	\$ 212,924	\$ 61,807	\$ 151,116	244.50
(NOTE 3) DEPRECIATION					
HOSPITAL BLDG. DEPR	127,094	381,087	381,746	(659)	(0.17)
HOSPITAL EQUIP. DEPR	78,506	231,018	207,644	23,374	11.26
CLINIC BUILDING DEPR	692	1,903	0	1,903	
CLINIC EQUIPMENT DEPR	1,372	4,116	4,529	(412)	(9.11)
TOTAL DEPRECIATION	\$ 207,654	\$ 612,123	\$ 593,910	\$ 24,205	4.00
(NOTE 4) INVESTMENT INCOME					
MEMORIALS & CONTRIB	950	2,450	(3,117,254)	3,119,704	(190.08)
GRANT INCOME	0	56,576	48,762	(10,204)	(20.22)
INVESTMENT INCOME	0	0	0	0	0.00
INTEREST INCOME	13,726	26,042	5,554	17,333	130.11
INTEREST CLINIC CHG	242	500	51	490	520.81
TAX RECEIPTS	4,167	12,500	12,500	0	0.00
GAIN/LOSS ON EQ SALE	0	0	0	0	0.00
TOTAL INVESTMENT INCOME	\$ 20,085	\$ 30,097	\$ (3,053,797)	\$ 3,127,274	(100.64)

CHERRY COUNTY HOSPITAL
STATEMENTS OF PATIENT SERVICE REVENUE
06/30/23

	CURRENT PER	THIS YEAR	LAST YEAR	INCR/(DECR)	%
-----YEAR TO DATE-----					
NURSING SERVICES					
CCH NURSING REV	108,523	531,994	534,398	(2,404)	(0.45)
CCH NURSERY REV	10,288	33,314	22,813	10,501	46.03
CCH ICU REVENUE	0	0	0	0	0.00
TOTAL NURSING SERVICES	118,811	565,308	557,211	8,097	1.45
OTHER ANCILLARY & PROFESSIONAL FEE SERVICES					
CCH RADIOLOGY REV	13,562	57,215	68,413	(11,198)	(16.37)
CCH RESP. THERAPY REV	28,507	146,142	67,605	78,537	116.17
CCH LABOR & DELIVERY REV	34,031	96,837	84,605	12,232	14.46
CCH SURGEON REV	41,662	87,481	82,203	5,278	6.42
CCH OPERATING ROOM REV	291,568	815,738	1,152,323	(336,585)	(29.21)
CCH RECOVERY REV	7,850	23,873	45,288	(21,416)	(47.29)
CCH EMERGENCY ROOM REV	150,719	450,253	466,528	(16,275)	(3.49)
CCH AMBULANCE REV	265,572	743,950	573,159	170,791	29.80
CCH MATERIALS MGMT REV	15,755	60,546	54,357	6,189	11.39
CCH LABORATORY REV	414,864	1,231,536	941,913	289,622	46.29
CCH BLOOD REVENUE	8,434	33,103	48,900	(15,797)	(32.31)
CCH EKG REVENUE	14,266	57,780	62,319	(4,539)	(7.11)
CCH EEG REVENUE	0	0	(759)	759	(100.00)
CCH ELECTROMYOGRAPHY REV	0	0	0	0	0.00
CCH IV REV	28,956	101,144	98,866	2,278	2.30
CCH PHARMACY REV	532,828	1,445,423	1,291,588	153,836	11.91
CCH ANESTHESIOLOGY REV	69,349	188,038	250,748	(62,710)	(25.01)
CCH PHYSICAL THERAPY REV	128,451	299,409	225,194	74,215	32.96
CCH SPEECH THERAPY REV	0	0	1,361	(1,361)	(100.00)
CCH OCCUPAT THERAPY REV	24,655	48,423	57,544	(9,122)	(15.85)
CCH HOME HLTH AGENCY REV	4,718	17,483	14,178	3,305	23.31
CCH RADIOLOGY REV	103,813	303,423	270,509	32,914	12.17
CCH NUCLEAR MEDICINE REV	28,912	101,171	140,572	(39,400)	(29.03)
CCH CT REVENUE	417,336	1,220,133	1,186,077	34,056	2.87
CCH MRI REVENUE	143,310	494,653	549,326	(54,673)	(9.85)
CCH ULTRASOUND REV	167,162	535,458	463,829	71,628	15.44
CCH PET/CT REV	0	0	0	0	0.00
CCH OUTPATIENT CLINCS REV	92,850	264,771	229,628	35,143	15.30
CCH CONTRACT BILLING REV	73,342	217,452	228,712	(11,260)	(4.92)
CCH DIALYSIS REV	14,760	119,499	83,888	35,611	42.45
CCH SPECIALTY CL-PRO REV	143,257	380,487	428,142	(47,655)	(11.13)
CCH CCC REV	262,871	738,143	453,740	284,403	61.63
CCH CCC LAB REV	10,641	39,415	78,845	(39,400)	(48.99)
CCH CCC X-RAY REV	0	745	7,907	(7,162)	(95.72)
CCH CCC OTHER REV	16,790	51,719	45,317	6,402	12.58
TOTAL OTHER PROF SERVICES	3,350,910	10,471,362	9,844,844	626,518	7.34
TOTAL PATIENT SERVICE REVENUE	3,469,721	10,636,663	10,401,955	234,708	2.24
BREAKDOWN BY CATEGORY					
Inpatients	3,400,276	1,479,926	1,540,618	(40,692)	(3.94)
Outpatients	69,445	4,486,740	8,861,337	(4,374,597)	(91.19)
TOTAL BREAKDOWN BY CATEGORY	3,469,721	10,636,663	10,401,955	234,708	2.24

CHERRY COUNTY HOSPITAL
STATEMENTS OF DEPT EXPENSES - TOTALS
05/30/23

-----YEAR TO DATE-----
LAST YEAR INCR/DECR %

CURRENT PER	THIS YEAR	LAST YEAR	INCR/DECR	%
NURSING SERVICES				
CCH NURSING EXP	240,549	844,748	570,327	274,421 48.12
CCH RISK MANAGEMENT EXP	30,930	16,193	14,737	14,737 91.01
CCH NURSERY EXP	3,132	5,255	7,576	(2,321) (30.63)
CCH ICU EXPENSE	(56)	(707)	7,973	(8,680) (108.97)
CCH HUMAN RESOURCES EXP	51,442	92,891	37,579	55,312 147.19
TOTAL NURSING SERVICES	\$ 306,064	\$ 973,116	\$ 639,617	\$ 333,469 52.13
OTHER PROFESSIONAL SERVICES				
CCH CARDIOLOGY EXP	6,996	44,763	72,274	(27,511) (38.07)
CCH RESP. THERAPY EXP	31,654	89,328	34,089	55,240 162.05
CCH LABOR & DELIVERY EXP	5,582	15,153	25,920	(10,767) (41.54)
CCH SURGEON EXP	43,729	117,098	115,711	1,387 1.20
CCH OPERATING ROOM EXP	121,165	329,936	411,258	(81,322) (19.77)
CCH RECOVERY EXP	1,385	6,225	3,868	2,357 60.94
CCH EMERGENCY ROOM EXP	108,827	408,963	401,820	(857) (0.21)
CCH AMBULANCE EXP	77,417	296,593	150,610	137,973 86.99
CCH MATERIALS MGMT EXP	5,361	21,522	10,200	11,322 111.00
CCH LABORATORY EXP	112,992	366,244	345,314	50,930 15.15
CCH EKG EXPENSE	0	101	(8,812)	8,912 (101.14)
CCH EEG EXPENSE	0	0	0	0 0.00
CCH ELECTROMYOGRAPHY EXP	0	0	0	0 0.00
CCH IV EXP	2,961	6,055	13,489	(7,434) (55.11)
CCH PHARMACY EXP	273,701	741,327	707,526	33,801 4.78
CCH ANESTHESIOLOGY EXP	70,131	265,238	183,573	81,665 44.49
CCH PHYSICAL THERAPY EXP	49,607	79,945	78,767	1,178 1.50
CCH SPEECH THERAPY EXP	0	0	412	(412) (100.00)
CCH OCCUPAT THERAPY EXP	7,423	11,704	33,260	(21,556) (64.81)
CCH HOME HLTH AGENCY EXP	12,034	37,198	31,149	6,049 19.42
CCH MEDICAL RECORDS EXP	28,777	107,957	140,270	(32,313) (23.04)
CCH RADIOLOGY EXP	72,856	230,478	217,253	13,225 6.09
CCH NUCLEAR MEDICINE EXP	12,777	23,462	19,553	3,909 19.99
CCH OUTPATIENT CLINCS EXP	32,101	35,268	274,173	(189,206) (52.93)
CCH CONTRACT BILLING EXP	0	0	0	0 0.00
CCH DIALYSIS EXP	33,259	118,096	89,413	28,683 32.08
CCH SPECIALTY CL-PRO EXP	93,547	339,665	144,331	195,334 135.34
CCH CC CLINIC EXP	425,935	887,838	695,661	192,177 27.63
TOTAL OTHER PROFESSIONAL SERVICES	\$ 1,645,296	\$ 4,622,147	\$ 4,169,304	\$ 452,765 10.56
GENERAL SERVICES				
CCH DIETARY EXP	40,493	94,587	62,205	2,304 3.83
CCH PLANT OPERATIONS EXP	29,670	163,670	139,734	14,616 8.33
CCH ENVIRONMENTAL SVCS EXP	12,829	34,622	40,134	(6,567) (18.21)
CCH LAUNDRY & LINEN EXP	8,183	42,793	9,908	3,115 38.03
TOTAL GENERAL SERVICES	\$ 81,175	\$ 371,082	\$ 222,076	\$ 14,608 3.62

CHERRY COUNTY HOSPITAL

STATEMENTS OF DEPT EXPENSES - TOTALS

06/30/23

-----YEAR TO DATE-----

CURRENT PER THIS YEAR LAST YEAR INCR/ (DECR) %

ADMINISTRATION

CCH ADMINISTRATION EXP

164,599 527,980 411,373 116,607 28.35

TOTAL ADMINISTRATION

\$ 164,599 \$ 527,980 \$ 411,373 \$ 116,607 28.35

FINAL TOTALS

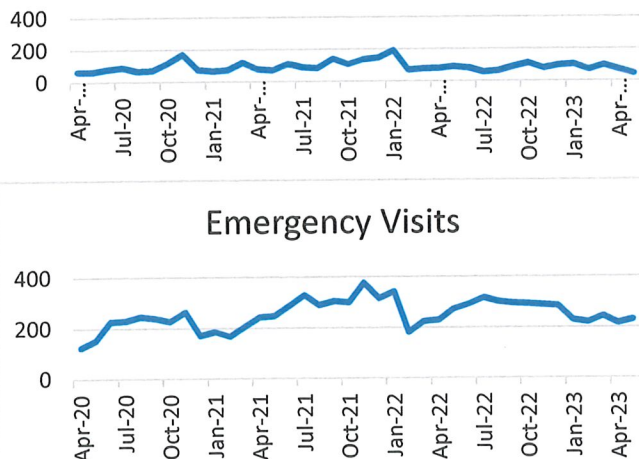
\$ 2,104,133 \$ 6,397,225 \$ 5,382,778 \$ 914,447 16.68

CHERRY COUNTY HOSPITAL STATISTICS

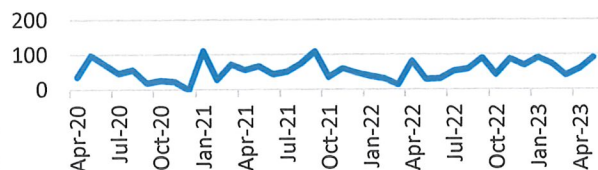
	Current Year 2023 Apr - Jun	Prior Year 2022 Apr - Jun	Variance
Patient Discharges (Newborn and Swingbed Not Included)			
Cherry County	32	41	(9)
Brown County	3	6	(3)
Rock County	0	0	0
Keya Paha County	0	4	(4)
All Other	25	25	0
Total	60	76	(16)
Acute Discharges			
Medicare Only	23	36	(13)
Medicare Advantage	1	0	1
Medicaid Only-NE & SD	17	16	1
Other	19	24	(5)
Total	60	76	(16)
Newborn Discharges	23	19	4
Acute Patient Census Days			
Medicare	77	149	(72)
Medicare Advantage	4	0	4
Medicaid- NE & SD	43	35	8
All Other	34	72	(38)
Total	158	256	(98)
Acute Patient Discharge Days			
Medicare	77	145	(68)
Medicare Advantage	4	0	4
Medicaid- NE & SD	42	33	9
All Other	350	72	278
Total	473	250	223
Custodial Care Patient	0	0	0
Custodial Care Days	0	0	0
Outpatient Observation	37	28	9
Swingbed Admissions			
Medicare Swingbed	13	15	(2)
Medicare Advantage Swingbed	0	0	0
NE&SDW Medicaid Swingbed	0	0	0

Private Swingbed		1	1	0
Total		14	16	(2)
Swingbed Census Days		172	145	27
Swingbed Discharges				
Medicare Swingbed Days		155	135	20
Medicare Advantage Swingbed Days		0	0	0
NE&SDW Medicaid Swingbed Days		0	0	0
Private Swingbed Days		8	10	(2)
Total		163	145	18
Surgical Cases				
Inpatient		16	19	(3)
Outpatient		58	70	(12)
Total		74	89	(15)
Outpatient Visits		4548	3982	566
Emergency Visits		681	793	(112)
PT HH Visits		22	73	(51)
SN HH Visits		71	89	(18)
Aide HH Visits		0	0	0
OT HH Visits		17	66	(49)
Speech Therapy Visits		0	0	0
Total		110	228	(118)
Cherry County Clinic				
Patient's Seen		2298	1946	352
Full-time equivalent personnel	Hospital	96.58	91.49	5.09
	Clinic	24.14	13.23	10.91

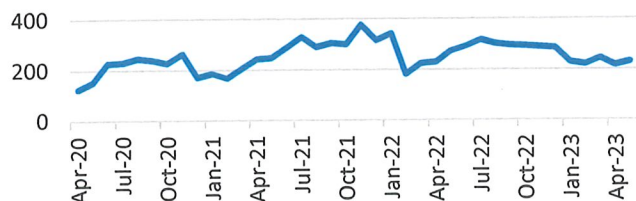
Acute Patient Census Days



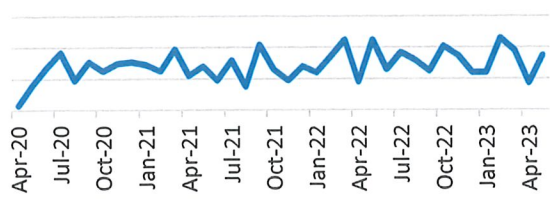
Swingbed Census Days



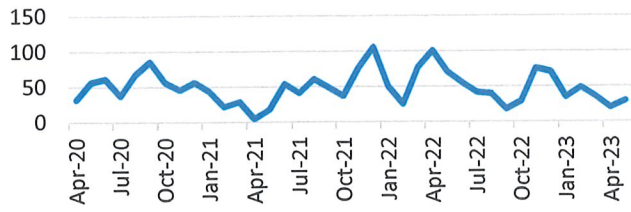
Emergency Visits



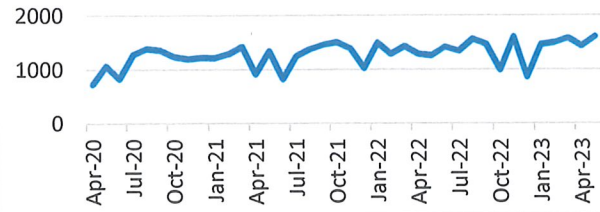
Surgical Cases



Total Home Health Visits



Outpatient Visits



Cherry County Hospital BAR *Live*														PAGE 1	
PERIOD END ACCOUNTS RECEIVABLE INS GROUP SUMMARY															
JUNE 2023															
	OPEN	NET BILLED	RCPTS	ADJS	REFS	INS XPERS	BAD DEBT XPERS	CLIENT XPERS	CLOSE	AGING					
										0-30	31-60	61-90	91-150	151-365	366+
BC TOTAL	589368.91 641	852828.50	-601670.85	-174395.92		-75192.39	0.00		590938.25 579	286173.08 262	213791.78 136	32284.96 49	21024.04 34	33698.23 64	3966.16 38
CO TOTAL	987046.78 1223	384239.66	-401925.11	-64910.53	99.10	-4996.66	388.50	899941.74 1153	156152.71 217	265012.34 271	104273.01 134	94265.47 136	149084.53 277	131153.68 123	
IHS/PHS TOTAL	272978.12 140	104111.36	-49748.55	-40146.13		-29264.96	0.00	257929.84 151	82924.51 23	75326.20 36	19759.50 13	23337.10 20	43802.10 43	12780.43 16	
LGL L TOTAL	0.00 0							0.00							
MA TOTAL	31277.04 23	30686.57	-3915.60	-4734.64		-1703.48	0.00	51609.89 37	9543.55 8	6698.30 7	9795.05 8	6063.38 3	2535.78 6	16983.83 5	
MCR TOTAL	1379696.27 1388	1891341.00	-844595.97	-667797.17		-204672.37	0.00	1553971.76 1447	913264.31 644	396046.88 328	68840.17 107	40764.69 90	26459.32 203	108506.39 82	
NEMCD TOTAL	87132.03 771	296133.29	-175912.24	-171210.78		32927.34	0.00	69069.64 774	-49410.01 159	25342.70 90	12955.10 47	73687.33 79	164690.76 202	-158196.24 202	
OMCD TOTAL	28699.45 13	0.00				3206.05	0.00	31905.50 15	2019.99 2		4341.86 3	565.90 1	23716.72 6	1261.03 3	
SDW TOTAL	160948.85 215	292354.53	-173257.87	-270773.30		57806.49	0.00	67079.70 141	44092.62 32	9181.88 17	242.80 5	1520.61 13	21098.96 61	-9058.17 13	
SP TOTAL	2030990.44 3799	149221.44	-166488.02	-58007.65	910.28	218137.46	-42203.65	2132560.30 4096	-8617.38 355	221255.83 542	167553.32 464	440044.19 686	685072.11 1107	627252.23 979	
TRI TOTAL	102621.31 167	188291.28	-65373.33	-70787.36		8276.91	0.00	152630.79 174	90047.64 44	27369.02 28	1326.49 10	10337.62 22	14486.96 34	16223.36 36	
WC TOTAL	91382.67 130	1041.38	-18765.72	-9689.85		-4524.39		61493.99 119	-9632.89 1	5425.28 6	3500.80 7	6279.10 14	27643.00 89	26378.61 56	
GRAND TOTAL	5762141.87	4192301.01	-2504953.26	-1532453.45	1009.38	0.00	-41815.15	5876330.40	1514538.23	1247390.20	424353.06	717509.43	1194288.17	779341.31	

Cherry County Hospital BAR *Live*

[illegible]

	2021-2022	2021-2022
Billed	\$ 5,876,330.40	\$ 4,592,365.85
Unbilled	\$ 1,862,934.51	\$ 2,043,323.95
Total	<u>\$ 7,739,264.91</u>	<u>\$ 6,635,689.80</u>

Cherry County Hospital Bad Debt and Recoveries

Recoveries	2023-2024	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
April	\$ 13,774.91	\$ 54,166.43	\$ 61,559.98	\$ 26,031.26	\$ 13,989.89	\$ 27,176.36	\$ 17,007.44	\$ 12,420.55	\$ 22,717.40
May	\$ 96,693.85	\$ 22,204.62	\$ 21,120.81	\$ 13,693.80	\$ 65,734.73	\$ 20,448.64	\$ 19,502.53	\$ 24,839.86	\$ 26,900.71
June	\$ 5,451.68	\$ 4,836.54	\$ 25,152.70	\$ 4,996.25	\$ 48,308.31	\$ 16,824.21	\$ 9,930.30	\$ 12,290.33	\$ 25,282.56
July		\$ 22,436.76	\$ 5,147.59	\$ 29,395.74	\$ 14,428.09	\$ 13,528.41	\$ 22,601.63	\$ 28,635.05	\$ 13,539.45
August		\$ 3,925.33	\$ 16,696.71	\$ 10,788.75	\$ 14,390.03	\$ 12,539.42	\$ 12,612.95	\$ 18,076.29	\$ 15,553.08
September		\$ 31,742.10	\$ 23,282.76	\$ 16,004.55	\$ 10,233.94	\$ 13,602.54	\$ 12,917.19	\$ 10,149.18	\$ 10,842.30
October		\$ 24,887.23	\$ 11,618.57	\$ 9,418.92	\$ 16,837.34	\$ 55,454.64	\$ 15,130.10	\$ 19,112.80	\$ 35,307.56
November		\$ 1,000.94	\$ 11,330.60	\$ 19,933.10	\$ 5,787.71	\$ 18,050.98	\$ 19,414.04	\$ 12,011.00	\$ 2,753.80
December		\$ 15,780.56	\$ 39,564.92	\$ 8,641.53	\$ 31,434.02	\$ 19,621.65	\$ 21,438.54	\$ 38,658.66	\$ 17,801.54
January		\$ 12,944.98	\$ 14,077.23	\$ 14,462.47	\$ 47,796.25	\$ 13,566.86	\$ 14,005.34	\$ 38,144.56	\$ 19,514.75
February		\$ 3,388.39	\$ 20,903.48	\$ 3,171.26	\$ 53,476.17	\$ 53,476.17	\$ 10,545.85	\$ -	\$ 35,548.33
March		\$ 35,497.04	\$ 21,692.57	\$ 41,863.22	\$ 37,149.14	\$ 29,663.96	\$ 175,105.91	\$ 214,338.28	\$ 225,761.48
	\$ 115,920.44	\$ 232,810.92	\$ 272,147.92	\$ 198,400.85	\$ 318,662.47	\$ 293,953.84	\$ -	\$ -	\$ -

Charge-Offs	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
April	\$ 74,585.81	\$ 1,684.00	\$ 27,038.74	\$ 141,916.22	\$ 42,626.99	\$ 57,816.42	\$ 48,010.87	\$ 31,610.85
May	\$ 57,599.42	\$ 102,231.11	\$ 82,383.62	\$ 76,941.29	\$ 200.00	\$ 68,520.30	\$ 43,371.19	\$ 55,190.99
June	\$ 38,748.66	\$ 82,106.14	\$ -	\$ 91,998.36	\$ 150,032.66	\$ 75,990.33	\$ 45,791.82	\$ 47,249.46
July	\$ 63,084.98	\$ 8,049.59	\$ 112,468.34	\$ 148,915.37	\$ 113,965.03	\$ 95,162.87	\$ 108,156.34	\$ 6,385.42
August	\$ 3,925.33	\$ 161,965.17	\$ 49,865.42	\$ 145,669.06	\$ 121,448.87	\$ 23,705.54	\$ 88,350.44	\$ 216,976.71
September	\$ 55,752.96	\$ 118,716.84	\$ 70,926.36	\$ 76,750.44	\$ 67,479.20	\$ 111,408.59	\$ 120,776.04	\$ 70,657.91
October	\$ 48,673.04	\$ 1,441.26	\$ 67,961.77	\$ 99,484.70	\$ 76,505.12	\$ 67,493.33	\$ 73,669.74	\$ 141,601.93
November	\$ 54,722.50	\$ 2,536.25	\$ 66,402.89	\$ 50,429.28	\$ 199,769.62	\$ 30,802.49	\$ 36,210.11	\$ 54,039.92
December	\$ 98,625.18	\$ 247.17	\$ 87,651.09	\$ 105,846.65	\$ 128,699.95	\$ 114,847.32	\$ 76,767.60	\$ 37,951.33
January	\$ 32,851.36	\$ 179,159.18	\$ 5,654.94	\$ 66,747.54	\$ 40,675.37	\$ 188,386.84	\$ 81,429.28	\$ 54,077.25
February	\$ 47,194.61	\$ 34,204.82	\$ 91,076.92	\$ 93,308.34	\$ 97,596.00	\$ 73,283.30	\$ -	\$ 58,865.04
March	\$ 148,542.81	\$ 277,774.01	\$ 51,746.12	\$ 59,495.97	\$ 80,356.21	\$ 48,947.43	\$ 67,685.63	\$ 60,617.17
	\$ 170,933.89	\$ 970,115.54	\$ 713,176.21	\$ 1,157,503.22	\$ 1,119,355.02	\$ 956,363.76	\$ 790,219.06	\$ 835,173.98

Fin Asst	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
April	\$ -	\$ 45,785.24	\$ -	\$ 37,712.10	\$ 107,858.84	\$ 11,145.59	\$ -	\$ -
May	\$ -	\$ -	\$ 8,974.13	\$ 66,524.09	\$ 26,971.26	\$ 424.23	\$ -	\$ -
June	\$ 21,016.77	\$ 20,737.84	\$ 39,463.63	\$ 30,227.81	\$ -	\$ 9,384.37	\$ 46,764.07	\$ 25,471.00
July	\$ -	\$ 278.93	\$ 77.21	\$ 31,845.11	\$ -	\$ 1,187.38	\$ 3,707.97	\$ 9,994.91
August	\$ -	\$ 2,376.69	\$ 19,564.28	\$ -	\$ 43,113.08	\$ 12,917.19	\$ 2,409.59	\$ -
September	\$ 10,680.83	\$ 22,519.25	\$ -	\$ 58,042.21	\$ 280.50	\$ -	\$ 6,984.03	\$ 21,778.72
October	\$ 54,358.00	\$ 21,363.87	\$ 357.38	\$ 95.00	\$ -	\$ 28,246.22	\$ 580.13	\$ 24,400.35
November	\$ -	\$ 13,795.41	\$ -	\$ 4,813.10	\$ -	\$ 85,477.29	\$ -	\$ -
December	\$ 9,166.04	\$ -	\$ -	\$ -	\$ 6,419.54	\$ 7,698.22	\$ -	\$ 5,368.46
January	\$ 3,963.26	\$ 2,903.98	\$ 1,019.97	\$ 26,019.20	\$ -	\$ 26,606.70	\$ 6,159.85	\$ 9,451.91
February	\$ 9,905.89	\$ -	\$ -	\$ 12,323.09	\$ 1,282.00	\$ 41,190.22	\$ -	\$ -
March	\$ 88,074.02	\$ 143,396.76	\$ 69,406.60	\$ 1,467.23	\$ -	\$ 196,031.19	\$ 94,851.86	\$ 119,947.68
	\$ 21,016.77	\$ -	\$ -	\$ 269,068.94	\$ 185,925.22	\$ -	\$ -	\$ -

Cherry County Hospital

Current Cash Position

	June 2023	June 2022	May 2023
Cash Accounts			
Hospital Checking Security 1st	\$ 1,621,730.27	\$ 2,332,017.66	\$ 2,022,373.53
Hospital Payroll Wells Fargo	\$ 698,581.93	\$ 565,218.56	\$ 727,795.39
Clinic Checking FNB	\$ 874,545.19	\$ 586,342.59	\$ 643,341.63
Union Patient Loan Account			\$ 679,974.03
 Investments			
Wells Fargo Bank	\$ -	\$ -	\$ -
Bank of the West	\$ -	\$ -	\$ -
Security First	\$ 724,091.78	\$ 722,896.64	\$ 723,853.80
RBC Wealth	\$ -	\$ -	\$ -
CDARS - Union Bank	\$ -	\$ -	\$ -
Sandhills State Bank	\$ 3,668,182.83	\$ 3,814,754.71	\$ 3,665,692.17
Union	\$ -	\$ -	\$ -
Sandhills State Bank	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>
	\$ 7,587,132.00	\$ 8,021,230.16	\$ 8,463,030.55

DATE: 07/15/23 @ 0929
USER: ADAVIDSON

Cherry County Hospital PA *Live*
ASSET LIST

PAGE 1

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FROM ACQUIRED DATE: 04/01/23 THRU ACQUIRED DATE: 06/30/23
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FACILITY: CCH

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0000000398	MEDICAL INFO TECH - EXPANSE	ACTIVE	06/19/23	HOS EQUIP	01.8210	04/21/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	645.00		645.00			
0000000399	MEDICAL INFO TECH - EXPANSE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/02/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	26697.00		26697.00			
0000000400	MEDICAL INFO TECH - EXPANSE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/12/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	645.00		645.00			
0000000401	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	04/11/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	20153.75		20153.75			
0000000402	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	04/11/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	240.00		240.00			
0000000403	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/19/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	240.00		240.00			
0000000404	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/19/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	20153.75		20153.75			
0000000405	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/12/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	33142.16		33142.16			
0000000406	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/12/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	1355.00		1355.00			
0000000407	SHARED SERVICES SYSTEM - EXAM CHAIRS	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/12/23	

DATE: 07/15/23 @ 0929
USER: ADAVIDSON

Cherry County Hospital FA *Live*
ASSET LIST

PAGE 2

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FACILITY: CCH

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	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	95633.45		95633.45			
0000000408	HCISOLUTIONS - SYNC SOLVE FOR EXPANSE	ACTIVE	06/19/23	HOS EQUIP	01.8210	04/21/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	8750.00		8750.00			
0000000409	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/12/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	5947.50		5947.50			
0000000410	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/20/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	45366.92		45366.92			
0000000411	MEDICAL INFO TECH - EXPANSE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/08/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	645.00		645.00			
0000000412	MEDICAL INFO TECH - EXPANSE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/14/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	196245.00		196245.00			
0000000413	MEDICAL INFO TECH - EXPANSE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/28/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	230.00		230.00			
0000000415	TEGRIA - RE: EXPANSE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/28/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	20000.00		20000.00			
0000000416	FORWARD ADVANTAGE	ACTIVE	07/15/23	HOS EQUIP	01.8210	06/28/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	3800.00		3800.00			
0000000417	OFFICE PRODUCTS - MED REC COPIER/SCAN	ACTIVE	07/15/23	HOS EQUIP	01.7180	06/28/23	

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USER: ADAVIDSON

Cherry County Hospital FA *Live*
ASSET LIST

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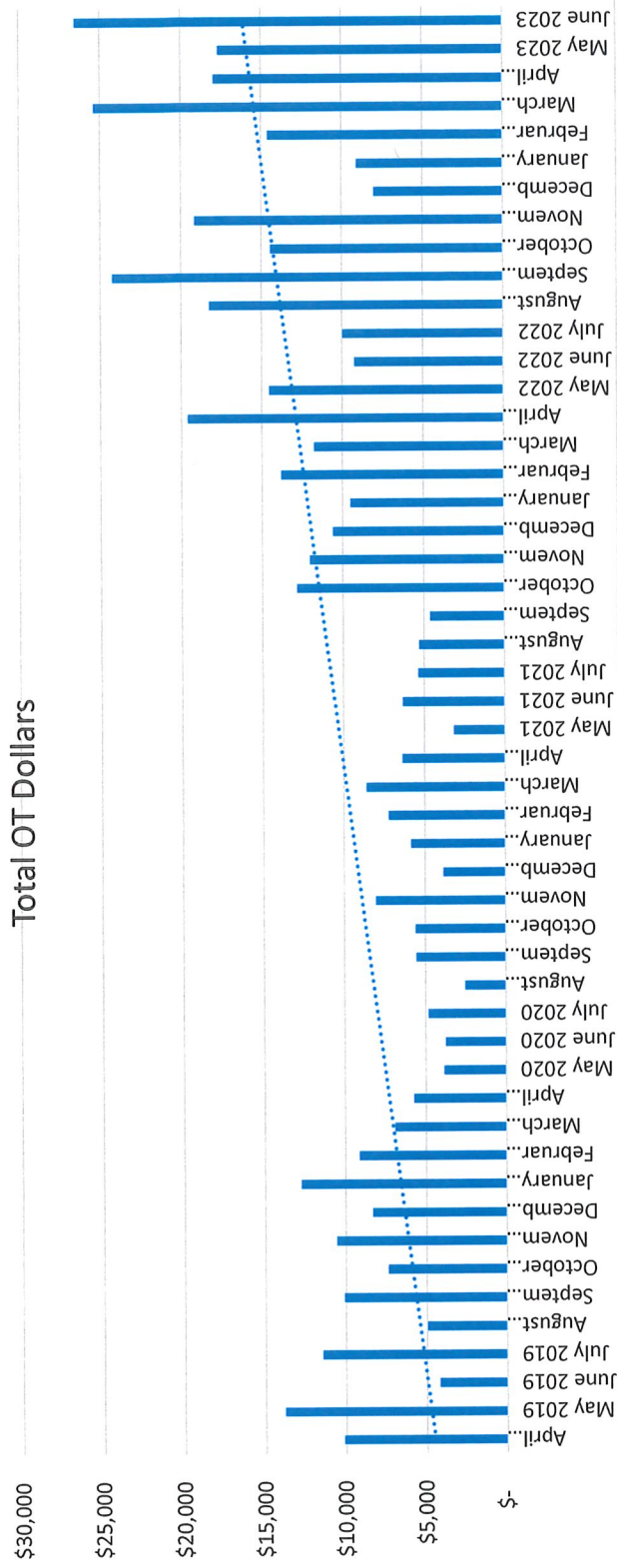
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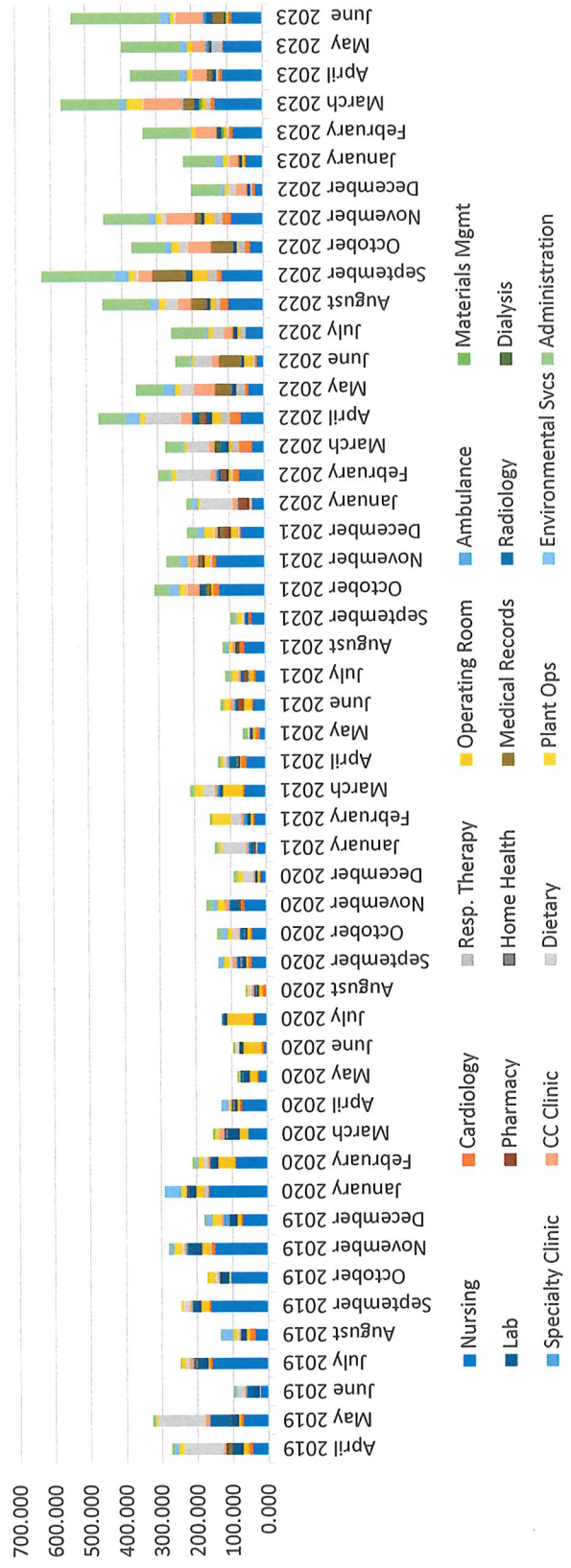
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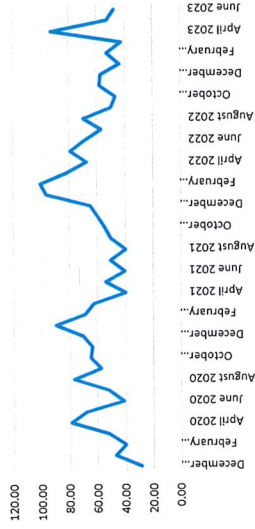
Total OT Dollars



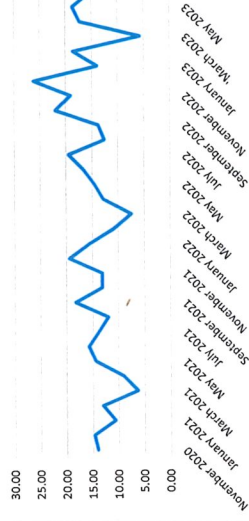
Overtime Hours



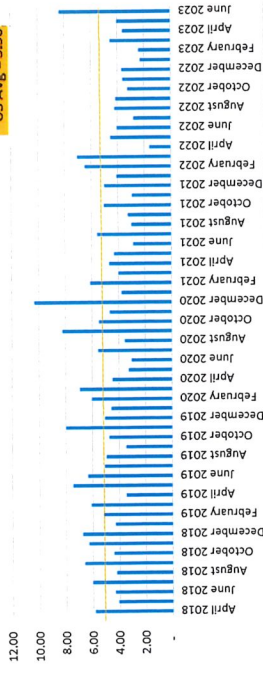
Days Cash on Hand



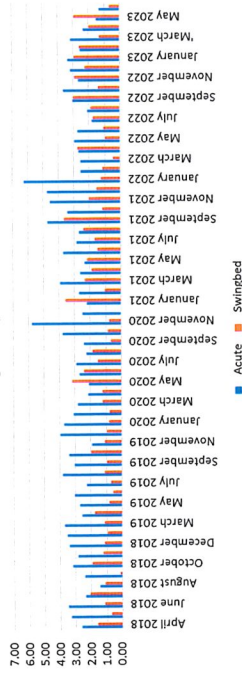
DNFB



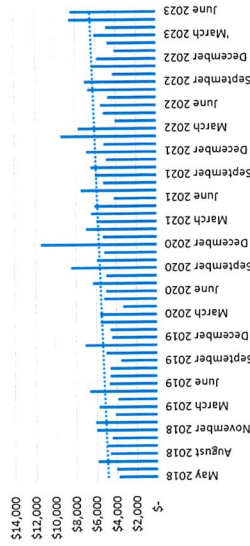
FTE's per Adjusted Occupied Bed



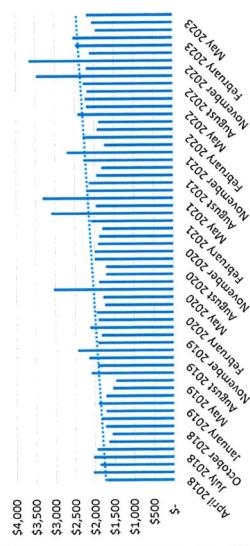
Average Daily Census



Inpatient Charges per Patient Day



Outpatient Charges per Visit



Cherry County Hospital and Clinic



June 2023 Financial Report

Balance Sheet

- Assets – Estimated Third Party Payor Settlements
- Current Liabilities-Accounts Payable-Capital Assets
 - Audit Entries allowing for recognition of Provider Relief Funds

Statements of Revenue and Expenses

- Net Revenue is up \$512,803
- Total Other Revenue is up \$151,116
 - 340B Revenue see comments on Notes to Financial Statements Slide
- Other Professional Services increased \$452,765
 - Locum staff
- Total Expenses increased \$1,449,048
 - Locums, Expense, & Salary/Wages
- Income from Operations is down \$785,129
- Investment Income
 - Provider Relief Funds Reporting

Notes to Financial Statements

- Total Patient Revenue has increased \$734,918 (7.2%)
 - Fiscal Year CDM Increase on hold
- Contractual Adjustments increased \$119,542 (3.88%)
 - Continue to monitor to ensure Total Revenue & Contractuals remain aligned
- 340B increased \$147,627
 - 340B Profitability Report was only \$9,631.84 when it was running \$60,000-\$70,000.
 - There will be an increase next month due to a true up relating to the change of ownership at Heart City Drug.
- Cafeteria Sales are up \$6,488
- Finance Charges are up \$1,635
 - 1% charge for unpaid patient balances
- Memorials & Contrib
 - Historic Provider Relief Funds (PRF) recording

Statements of Patient Service Revenue

Departments with Revenue decreases of 10% or more:

- Cardiology
 - Missed Clinic Day
- Operating Room
 - Decreased Volume
- Recovery Room
 - Decreased Volume
- Blood
- Anesthesiology
 - Decreased Volume
- Occupational Therapy
 - Team Member on Maternity Leave
- Nuclear Medicine
 - Missed Clinic Day

Departments with Revenue increases of 10% or more:

- Nursery
- Respiratory Therapy
- Labor & Delivery
- Ambulance
- Materials Mgmt
- Lab
- Pharmacy
- Physical Therapy
- Home Health
- Radiology
- Ultrasound
- Dialysis
- Cherry County Clinic
 - 101 Visits without revenue recorded

Statements of Dept Expenses

Departments with Expense decreases of 10% or more:

- Nursery
- ICU
- Cardiology
- Labor & Delivery
- Operating Room
- EKG
- IV
- Occupational Therapy
- Medical Records
- Environmental Svcs

Departments with Expense increases of 10% or more:

- **Nursing:** Locum Staffing and Salary & Wages – On July 7, Team Member over/under was processed for \$83,346.42 instead of \$8,334.42 – Payroll was notified by Team Member.
- **Risk Mgmt:** Salary & Wages related to Expense
- **Human Resources:** Three Team Members now opposed to one last year
- **Respiratory Therapy:** Locum Team Member
- **Recovery Room:** Salary & Wages as well as Supplies
- **Ambulance:** Multiple Team Members were overpaid – time was not recorded correctly by Payroll
- **Materials Mgmt:** Dedicated Full-time Team Member
- **Lab:** Locum Team Members & Phlebotomist
- **Anesthesiology:** CRNA Contracts
- **Home Health:** Increased Volumes resulting in increases in Wages
- **Nuclear Medicine:** Contract Services Fees increased
- **Dialysis:** Salary & Wages as Team Members split time in other areas
- **Specialty Clinic:** New Service Lines
- **Cherry County Clinic:** Salary & Wages as well as supplies and remodel
- **Administration:** Team Growth with IT & Business Office and overtime for Expense.

Statistics

- Newborn Discharges increased
 - 2 fewer newborns compared to last month
- Acute Patient Census Days decreased
 - 7 fewer days compared to last month
- Observation increased
 - 6 additional days compared to last month
- Swing Bed increased
 - 72 fewer days compared to last month
- Surgical Cases decreased
 - Inpatient cases remained the same as last month
 - 13 fewer Outpatient cases compared to last month
- Outpatient Visits increased
 - 107 fewer outpatient visits compared to last month
- ER Visits decreased
 - 5 additional ER visits compared to last month
- Home Health Visits decreased
 - 30 additional Home Health visits compared to last month
- Clinic Patients Seen increased
 - 229 fewer visits compared to last month

Period End Accounts Receivable Ins Group Summary

- Proposed Report for Reserve Model – Non-Governmental Payors still in review
- Total AR is up \$1,103,575.11
- New AR to GL Reconciliation
 - Report total \$5,876,330.40 and GL total \$5,876,330.40
- Net AR Days increased to 49 (5 day change)
- Gross AR Days increased to 65 (2 day change)

Bad Debt, Recoveries, & Financial Assistance

- Recovery Payments totaled \$115,920.44
- Charge-offs totaled \$170,933.89
- Financial Assistance totaled \$21,016.77

Current Cash Position

- Total Cash is down \$875,898.55 compared to last month
 - Locum expense continue to increase
 - Fixed Assets increase of \$346,543.27
 - Increased Overtime expense
- Compared to last June, Total Cash is down \$434,098.16

Asset List

- Additions to the Asset List this month
 - Jake Ohlman Construction (\$4,600)
 - Cherry County Clinic
 - Seacoast Business Funding (\$51,314.42)
 - Healthcare Triangle – Expanse Project
 - Medical Information Technology (\$197,120)
 - Meditech Expanse
 - Ward Plumbing & Heating (11,600)
 - Clinic HVAC
 - Office Products (\$5,235)
 - Printer/Copier for Medical Records
 - Forward Advantage (\$3,800)
 - Tegneria (\$20,000)
 - Expanse Project
 - GE Healthcare Systems (\$52,873.85)
- Total Assets for FY2024 = \$556,333.38

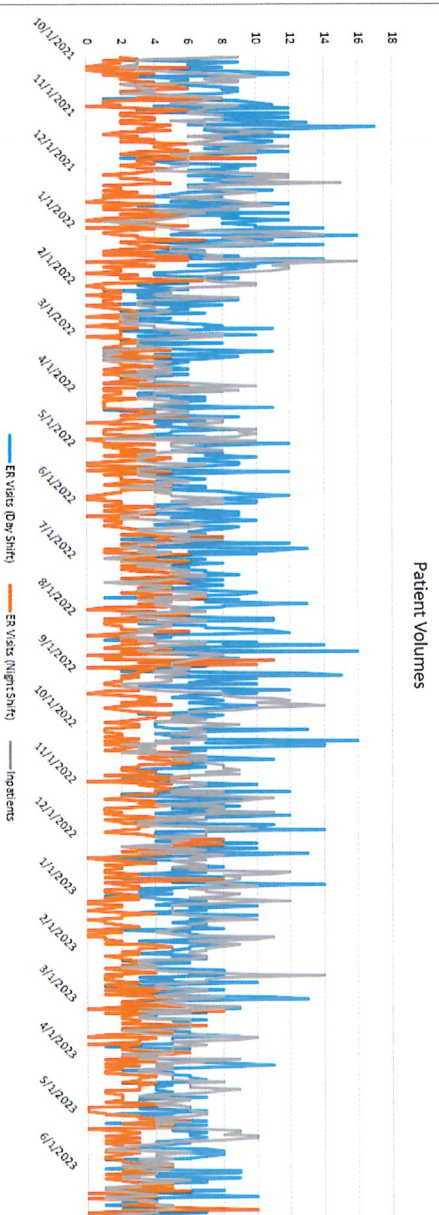
Overtime Tracker

- Overtime Hours increased 163.25 hours
- Overtime Dollars increased \$8,868.42
 - Total Overtime Dollars were \$26,531.26
 - Highest since April 2019
- Area(s) that increased (amount of increase):
 - Cardiology (5.75 hours)
 - Operating Room (5.5 hours)
 - Lab (1.5 hours)
 - Medical Records (30.75 hours)
 - Lost 1 FTE (reducing the team from five to four)
 - Radiology (17.75 hours)
 - CC Clinic (36.25 hours)
 - Ambulatory Build, Med Records scanning, Lab/Rad Project team, & Staffing Levels.
 - Human Resources (21.5 hours)
 - Annual Benefit enrollment meetings, building over 40 new benefits, & updating the HR records for all team members.
 - Dietary (5.75 hours)
 - EVS (7.0 hours)
 - Administration (87.25 hours)
 - 66.5 hours were related to IT
 - activities around reinforcing Cybersecurity
 - 37.75 hours related to Patient Accounts for Meditech Build
 - 21.0 hours related to Billing for Meditech Build
 - 25.25 hours related to Registration for Meditech Build & being down one team member

Key Performance Indicator (KPI) Graphs

- Inpatient Charges per Patient Day decreased from \$8,606 to \$8,495
- FTE's per Adjusted Occupied Bed increased from 4.04 to 8.36
 - Not just Nursing FTE's but all FTE's
 - Includes Locum team members
- Days Cash on Hand decreased from 52.87 to 47.54
- Decrease in DNFB decreased from 18.75 to 15.23

Daily Patient Volumes (through May 31, 2023)



File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report

Name

Street or Other Mailing Address

City, Town, or Post Office

State

Zip Code

Phone Number

Email Address

Situs Address of Property, if Different than Address Above

County Name

Filed

Destroyed Report Number (Optional for County Use Only)

Description and Location of the Property

Complete a separate report for each parcel.

Property ID Number

Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range)

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage

Damage Occurred to:

☒ Land ☐ Buildings

Significant Damage Due to:

☐ Flood ☒ Fire ☐ Tornado ☐ Earthquake ☐ Other Natural Disaster, Specify _____

Describe the significant damage, as defined in the instructions.

Burned trees, grass, and fence. Loss of use for a year on grazing and trees will not recover. Fences will have to be replaced.

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value

Reassessment Value

Land

Land

Buildings

Buildings

Total

Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name	Filed
Name <i>Mark Johnson</i>			<i>Cherry</i>	<i>10/28</i> 20 <i>23</i>
Street or Other Mailing Address <i>37403 East Anderson Bridge RD</i>			Destroyed Report Number (Optional for County Use Only) <i>425-23-02</i>	
City, Town, or Post Office <i>Kilgore</i>			Description and Location of the Property Complete a separate report for each parcel.	
State <i>NE</i>	Zip Code <i>69216</i>	Property ID Number <i>160026911</i>		
Phone Number <i>402-322-1991</i>		Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <i>PT SE 1/4 30-33-31</i>		
Email Address <i>Johnson69219@yahoo.com</i>				
Situs Address of Property, if Different than Address Above				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
----------------	--

Significant Damage Due to:
☐ Flood ☒ Fire ☐ Tornado ☐ Earthquake ☐ Other Natural Disaster, Specify _____

Describe the significant damage, as defined in the instructions.

Burned trees, grass, and fence. Loss of use for a year on grazing and trees will not recover. Fences will have to be replaced.

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>6/28</u> 20 <u>23</u>
Name <u>Mark Johnson</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-03</u>	
Street or Other Mailing Address <u>37403 East Anderson Bridge RD</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Kilgore</u>	State <u>NE</u>	Zip Code <u>69216</u>	Property ID Number <u>160028337</u>	
Phone Number <u>402-322-1991</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>NE 1/4, PTE 1/2 NW 1/4 30-33-31</u>	
Email Address <u>Johnson69219@yahoo.com</u>				
Situation Address of Property, if Different than Address Above				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage _____ Damage Occurred to:
☒ Land ☐ Buildings

Significant Damage Due to:
☐ Flood ☒ Fire ☐ Tornado ☐ Earthquake ☐ Other Natural Disaster, Specify _____

Describe the significant damage, as defined in the instructions.

Burned trees, grass, and fence. Loss of use for a year on grazing and trees will not recover. Fences will have to be replaced.

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name	Filed
Name <i>Mark Johnson</i>			<i>Cherry</i>	<i>6/29</i> , 20 <i>23</i>
Street or Other Mailing Address <i>37403 East Anderson Bridge RD</i>			Destroyed Report Number (Optional for County Use Only) <i>425-23-04</i>	
City, Town, or Post Office <i>Kilgore</i>			Description and Location of the Property Complete a separate report for each parcel.	
State <i>NE</i>	Zip Code <i>69216</i>	Property ID Number <i>160028329</i>		
Phone Number <i>402-322-1991</i>		Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <i>NW 1/4 29-33-31</i>		
Email Address <i>Johnson69219@yahoo.com</i>				
Situs Address of Property, if Different than Address Above				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage

Damage Occurred to:
☒ Land ☐ Buildings

Significant Damage Due to:

☐ Flood ☒ Fire ☐ Tornado ☐ Earthquake ☐ Other Natural Disaster, Specify _____

Describe the significant damage, as defined in the instructions.

Burned trees, grass, and fence. Loss of use for a year on grazing and trees will not recover. Fences will have to be replaced.

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>6/28</u> , 20 <u>23</u>
Name <u>Krajeski & Johnson Inc</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-05</u>	
Street or Other Mailing Address <u>39650 Park LN</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Valentine</u>	State <u>NE</u>	Zip Code <u>69201</u>	Property ID Number <u>160665374</u>	
Phone Number <u>402-322-1718</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>N1/2SE1/4 29-33-31</u>	
Email Address <u>johnson69219@yahoo.com</u>				
Situs Address of Property, if Different than Address Above <u>37413 Elk RD Kitgore, NE 69216</u>				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage <u>April 11-13, 2023</u>	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	
Describe the significant damage, as defined in the instructions. <u>Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts</u>	

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign here Krajeski & Johnson Inc by Mark Johnson 6-28-23
Signature of Person Filing the Report of Destroyed Real Property Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>6/28</u> , 20 <u>23</u>
Name <u>Krjeski & Johnson Inc</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-07</u>	
Street or Other Mailing Address <u>39650 Park LN</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Valentine</u>	State <u>NE</u>	Zip Code <u>69201</u>	Property ID Number <u>160028302</u>	
Phone Number <u>402-322-1718</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>20-33-31</u>	
Email Address <u>johnsona69219@yahoo.com</u>				
Situs Address of Property, if Different than Address Above <u>37413 Elk Rd Kilgore, NE 69216</u>				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage <u>April 11-13, 2023</u>	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	
Describe the significant damage, as defined in the instructions. <u>Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts</u>	

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
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Krjeski & Johnson Inc by Mark Johnson
Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>6/18</u> , 20 <u>23</u>
Name <u>Krajeski & Johnson Inc</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-08</u>	
Street or Other Mailing Address <u>39650 Park LN</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Valentine</u>	State <u>NE</u>	Zip Code <u>69201</u>	Property ID Number <u>160028299</u>	
Phone Number <u>402-322-1718</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>SE 1/4 19-33-31</u>	
Email Address <u>johnson69219@yahoo.com</u>				
Situs Address of Property, if Different than Address Above <u>37413 Elk RD Kilgore, NE 69216</u>				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage <u>April 11-13, 2023</u>	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	
Describe the significant damage, as defined in the instructions. <u>Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts</u>	

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign here Krajeski & Johnson Inc by Mark Johnson 6-28-23
Signature of Person Filing the Report of Destroyed Real Property Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>6/28</u> , 20 <u>23</u>
Name <u>Krajcski & Johnson Inc</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-09</u>	
Street or Other Mailing Address <u>39650 Park LN</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Valentine</u>	State <u>NE</u>	Zip Code <u>69201</u>	Property ID Number <u>160028078</u>	
Phone Number <u>402-322-1718</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>N¹/₂, N¹/₂SW¹/₄, 19-33-31</u>	
Email Address <u>johnson69219@yahoo.com</u>				
Situs Address of Property, if Different than Address Above <u>37413 Elk Rd Kilgore, NE 69216</u>				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage <u>April 11-13, 2023</u>	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	
Describe the significant damage, as defined in the instructions. <u>Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts</u>	

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Krajcski & Johnson Inc by Mark Johnson
Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

FORM
425

Reasons for Requested Reassessment Due To Significant Damage.

April 11-13, 2023

☒ Land ☐ Buildings

☐ Flood ☒ Fire ☐ Tornado ☐ Earthquake ☐ Other Natural Disaster, Specify _____

Describe the significant damage, as defined in the instructions.

Boned trees, grass, and fence. loss of use for a year and fences have to be replaced. pine and deciduous trees total loss along with several shelterbelts

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

For County Board of Equalization Use Only
Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Comments:

County Board of Equalization Certification

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date _____

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20_____.

Signature of County Clerk

Date _____

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name	Filed
Name Krajeski & Johnson Inc			Cherry	6/28, 2023
Street or Other Mailing Address 39650 Park LN			Destroyed Report Number (Optional for County Use Only) 425-23-11	
City, Town, or Post Office Valentine			Description and Location of the Property Complete a separate report for each parcel.	
State NE	Zip Code 69201	Property ID Number 160026458		
Phone Number 402-322-1718	Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) W1/2NW1/4 18-33-31			
Email Address johnson69219@yahoo.com				
Situs Address of Property, if Different than Address Above 37413 Elk Rd, Kitgore, NE 69216				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage April 11-13, 2023	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	

Describe the significant damage, as defined in the instructions.

Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
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Signature of Person Filing the Report of Destroyed Real Property
Krajeski & Johnson Inc by Mark Johnson

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>10/28</u> 20 <u>23</u>
Name <u>Krajcski & Johnson Inc</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-12</u>	
Street or Other Mailing Address <u>39650 Park LN</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Valentine</u>	State <u>NE</u>	Zip Code <u>69201</u>	Property ID Number <u>160028051</u>	
Phone Number <u>402-322-1718</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>18-33-31</u>	
Email Address <u>johnsona69219@yahoo.com</u>				
Situs Address of Property, if Different than Address Above <u>37413 Elk Rd Kitgore, NE 69216</u>				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage <u>April 11-13, 2023</u>	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	
Describe the significant damage, as defined in the instructions. <u>Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts</u>	

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign here Krajcski & Johnson Inc by Mark Johnson 6-28-23
Signature of Person Filing the Report of Destroyed Real Property Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson _____ Date _____

County Clerk Certification

Date the Report was Heard	Date of the Decision	Date Notice of Decision was Mailed to Property Owner
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The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk _____ Date _____

File with the
County Assessor and
County Clerk on or
Before July 15

Report of Destroyed Real Property

Damage Occurring on or after January 1 and before July 1 of Current Year
Significant damage must exceed 20% of the current assessed value as defined in the instructions.
One parcel per form.

FORM
425

Name and Mailing Address of Person Filing Report			County Name <u>Cherry</u>	Filed <u>6/28</u> , 20 <u>23</u>
Name <u>Krajeski & Johnson Inc</u>			Destroyed Report Number (Optional for County Use Only) <u>425-23-13</u>	
Street or Other Mailing Address <u>39650 Park LN</u>			Description and Location of the Property Complete a separate report for each parcel.	
City, Town, or Post Office <u>Valentine</u>	State <u>NE</u>	Zip Code <u>69201</u>	Property ID Number <u>160028043</u>	
Phone Number <u>402-322-1718</u>			Legal Description of the Real Property (For Example, Lot, Block, Addition, City Name, Section, Township, Range) <u>17-33-31</u>	
Email Address <u>johnson69219@yahoo.com</u>				
Situation Address of Property, if Different than Address Above <u>37413 Elk RD Kilo, NE 69216</u>				

Reasons for Requested Reassessment Due To Significant Damage.

Date of Damage <u>April 11-13, 2023</u>	Damage Occurred to: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Buildings
Significant Damage Due to: <input type="checkbox"/> Flood <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Earthquake <input type="checkbox"/> Other Natural Disaster, Specify _____	

Describe the significant damage, as defined in the instructions.

Burned trees, grass, and fence. loss of use for a year and fences have to be replaced. Pine and deciduous trees total loss along with several shelterbelts

☐ Attach Supporting Documents: Include any photographs, reports, damage estimates, repair estimates, insurance documents, or other documents you wish to be considered by the county board of equalization in making any adjustment in value.

sign
here

Krajeski & Johnson Inc by Mark Johnson
Signature of Person Filing the Report of Destroyed Real Property

6-28-23
Date

For County Board of Equalization Use Only

Significant damage must exceed 20% of the current assessed value as defined in the instructions.

☐ Granted ☐ Partially Granted ☐ Denied

Current Year Assessed Value	Reassessment Value
Land	Land
Buildings	Buildings
Total	Total

Comments:

County Board of Equalization Certification

The county board of equalization has verified the current year assessed value of the real property prior to making any adjustments due to significant property damage and certifies that any adjustment to value on this report has been made to destroyed real property only.

Signature of County Board of Equalization Chairperson

Date

County Clerk Certification

Date the Report was Heard

Date of the Decision

Date Notice of Decision was Mailed to Property Owner

The undersigned certifies that a copy of this request for reassessment and the action of the county board of equalization has been provided to the county assessor and has been mailed to the person filing this report at the above-shown address on _____, 20____.

Signature of County Clerk

Date



