CHERRYCOUNTY
REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY
A THE MARKEN AND A THE AND
Consolidated Companies Inc., hereinafter referred to as "Owner", request to construct a/an
ansolidate (ampaulies in harrington in the
in the second se
Fiber Optic line occupying the Cherry County public history
occupying the Cherry County public highway system at (legal)
(legal)
description - See all an oc
assumptionAEE attachor Maps
description See attached maps

CUEDRY COUNTY

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 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.

<u>7-19-23</u> Date	Signature of Owner)	Ryan Rate
	Complete Mailing Address	Lincoln, NE 68506

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.

Signature - Board Chairman

Date

Cherry County Road Department
Application Requesting Permission To Bury Utilities
In Or On County Right-Of-Way
1, ilyon Parte request permission from the <u>Cherry</u> County Commissioners
to bury or locate Fiber ODHC, in or on the right-of-way of the County of Cheiri
Location = see attached maps
Describe by ¼ section the location where the utility is to be located
Length $58, 450$

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
ii - i - i - i - i - i - i - i -	9		2
		-+	

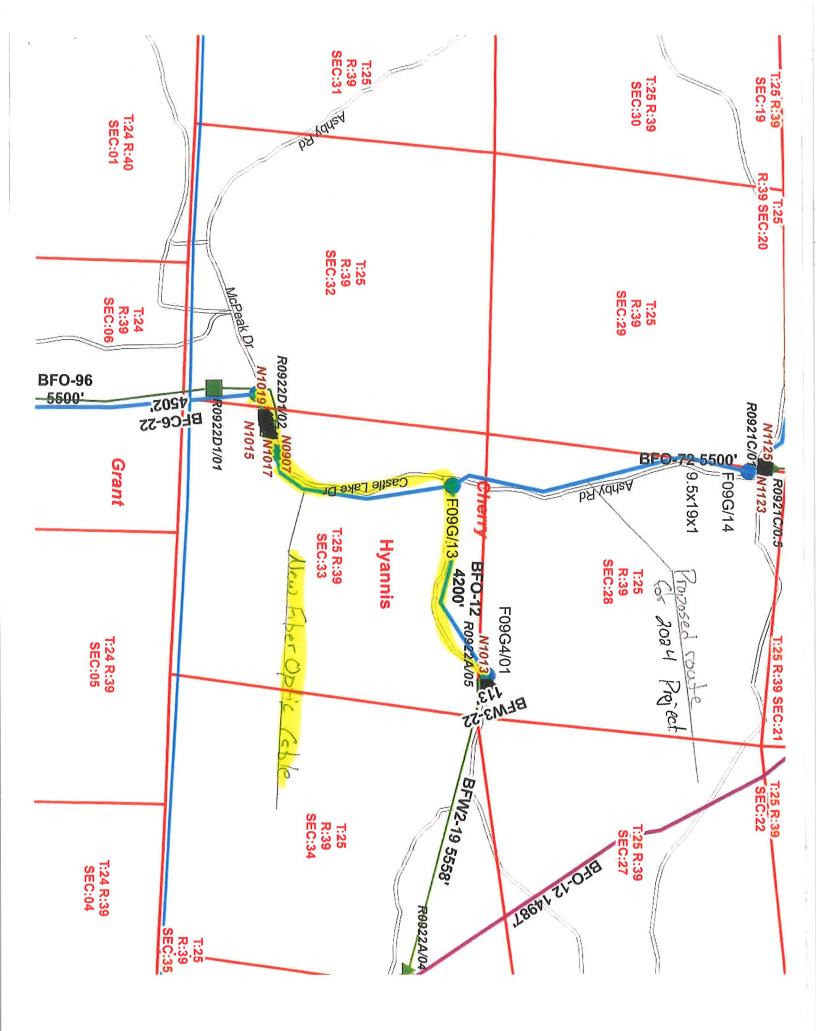
Owners or renters desiring to place waterline or gas line in or across County right-of-way must have permission granted by the Cheft County Commissioners. Water and gas lines buried in the ROW or under the roadbed proper must be a minimum of 48" deep and be of steel, copper, or approved PVC pipe. All 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 utilities. An approved sign shall be erected on a post 5' above ground level designating the route and location of the utility.

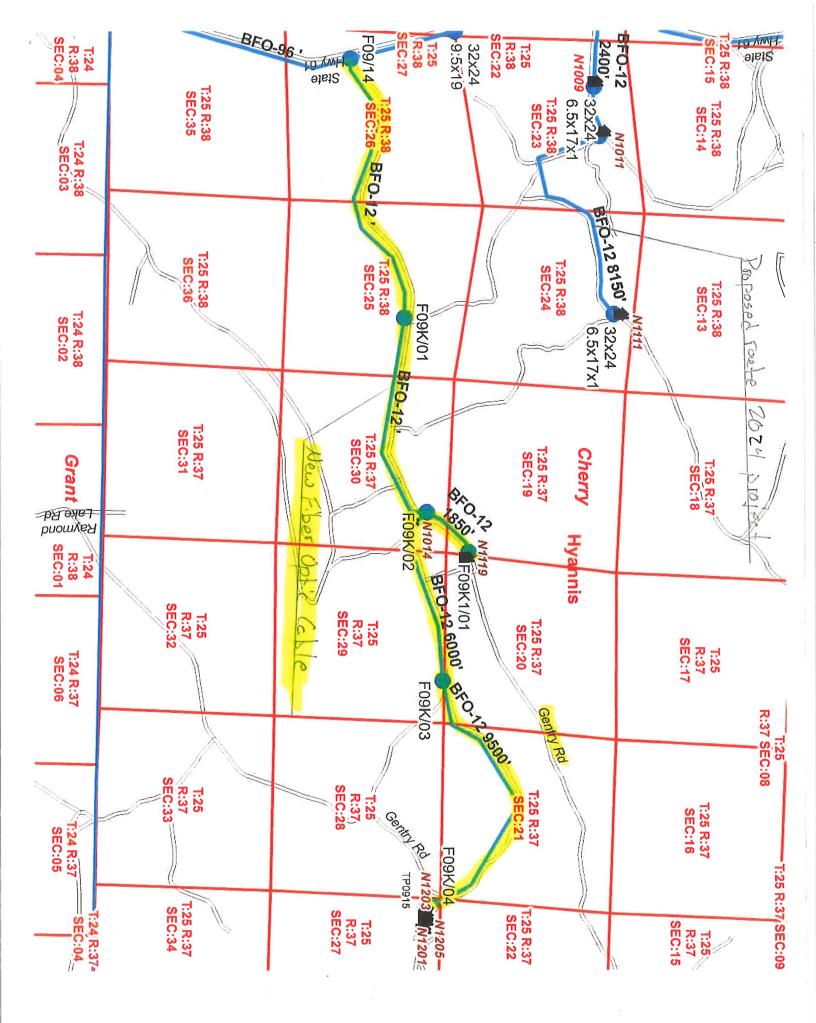
'3 Dated

Approved Rejected (Onsolid Companies Inc. G Name of Applicant

Date

Chairman





CHERRY COUNTY REQUEST TO OCCUPY COUNTY RIGHT-OF-WAY

& Larry Turner	_, hereinafter referred to as "Owner", request to construct a/an
1000 Electural Ima	_ occupying the Cherry County public highway system at (legal)
description Lat. 42.9039010	Long - 100, 1983186

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.

	x Lantin
Date	(Signature of Owner) K4133557 17wn/12 Valenting Ne 69201
۰ ۲۰	(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

CHERRY COUNTY PLANNING COMMISSION MINUTES

Cherry County Planning and Zoning 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.



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 aske 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



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 publics 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 its 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.



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 DE	CLARE SURPLUS	AT TH	HE JULY 25TH , 2023	B MEETING
STILL ON INSURANCE	3-104	KENWORTH	TRACTOR TRUCK	2000	W900	1XKWD69X4YR850002
	1-211	FORD	TUG/NO TITLE	2005	F350	1FDWF36P55EB48813
					2	
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	S OF FUNDS							
1. CDBG Funds Recei	ved to Date							
2. Add: Program	Income Received to Date (excl	ude RLF)						
3. Subtotal								
4. Less: Federal I	Funds Disbursed To Date (Mus	t Agree To Total Of P	art II, Line 3)					
5. Total: Federal Fund	ls On Hand (Must Agree To Pa	rt II. Line 6)	·					
Part II – CASH F	REQUIREMENTS (Ide	entify all activitie	es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		
Part II – CASH F Activity/Budç	X	entify all activitie	es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		TOTAL
	get Category	entify all activitie	es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		TOTAL
Activity/Budg 1. Total Cash Require 2. Less: Local Funds	get Category ements To Date Disbursed (includes RLF)	entify all activitie	es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		TOTAL
Activity/Budg 1. Total Cash Require 2. Less: Local Funds (exclude Program In 3. Less: Federal Fund	get Category ements To Date Disbursed (includes RLF)		es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		TOTAL
Activity/Budg 1. Total Cash Require 2. Less: Local Funds (exclude Program In 3. Less: Federal Fund	ements To Date Disbursed (includes RLF) icome) Is Disbursed (include Program I Part I, Line 4 (exclude RLF)		es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		
Activity/Budg 1. Total Cash Require 2. Less: Local Funds (exclude Program In 3. Less: Federal Fund Total Must Agree To	ements To Date Disbursed (includes RLF) come) Is Disbursed (include Program I o Part I, Line 4 (exclude RLF) Requirements		es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		TOTAL
Activity/Budg 1. Total Cash Require 2. Less: Local Funds (exclude Program In 3. Less: Federal Fund Total Must Agree To 4. Total Current Cash 5. Less: Unpaid Previ	ements To Date Disbursed (includes RLF) come) Is Disbursed (include Program I o Part I, Line 4 (exclude RLF) Requirements	ncome)	es listed in the CDBG	Agreement, even if fur	ids are not being re	quested.)		

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 <u>not</u> the last request for CDBG funds.
- DED Program Representative: Identify the DED Representative who is the main contact associated with the CDBG Agreement.

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.

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.

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.

Date: 07/18/23 © 1700 User: ADAVIDSON

Cherry County Hospital GL *Live*

Cherry County Hospital A Component Unit of Cherry County, Nebraska Balance Sheets

06/30/23

	JUNE 20	23		JUNE 2022		\$ VARIANCE
A.5.5.FT 3						
Current assets:						
(and	\$ 3,876,183.	32	\$ 4,5	276,211.99	Ş	(400,028.57)
Short term investments Recrivables -	724,091.	78		722,896.64		1,195.14
Patients, net of estimated uncollectibles	2,069,012.	87	1,	800,169.83		269,343.04
Employee	117,000.			117,000.00		0.00
Other	(5,048.			59,951.01		(64,∋99.96)
inventories	1,612,823.		1.	298,998.56		113, 324.72
	451,478.			267,241.70		184,236.61
Frepaid expenses	451,478.			033,722.68)		491,087.24
Estimated third-party payor settlements	(342,033.					
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	Ş	607,940.44
		e a				
JARIS (TIRS						
Current li abilties:						
Accounts Payable-						
Trade	\$ 268,222.	16	\$	764,030.94	\$	495,308.73
Capital assets	(846,732.	48)	(622,714.48)		224,018.00
Saleries, wages, paid leave time and						
other accrued expenses payable	853,492.	12		641,493.47		(211,998.65)
	074 077	0.0				
Total current liabilities	274,981.	80		782,809.93		307,328.13
HET POSITION:						
Net Invested in capital assets	23,026,080.	83	22.	644,427.25		381,653.53
Uprestricted	19,722,407.			988,292.37		(734,114.99)
Mr. Det Ioleu					and the state of	
Potal 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

97-011

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	τ.s	CHERRY COUNTY HOSPITAL STATEMENTS OF REVENUE AND EXPENSES 06/30/23	SPITAL Jud Expenses			
	CURRENT PER	THIS YEAR	YEAR TO DATE- LAST YEAR	TE (DECR)	đ	
REVENUE :		ה היו היו היו	S 817 200 2	512.803	7.32	
NET PATIENT SERVICE REVENUE (NOCE 1) OTHER REVENUE (NOCE 2)	v v. v. v. a	212,924	61,807		244.50	
ENUE	6,	7,728,445	7,064,526	663,919	9.40	
EXPENSES :						
DEPARTHENTAL:						
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 ADMINISTRATIVE SERVICES	68,173 164,599	273,982 527,980	262,376 411,373	11,606 116,607	4.44 28.35	
NON - DEPARTMENTAL :						
EMPLOYEE BENZFITS	26,057	266,371	8 19 , 0 40 0	26,993	101. TT 102. TT	
MEDICAL MALPRACTICE COSTS	0 207 694	0 618.123	593,918	24,205		
TUSTRANCE	15,737	56,906	48,503	3,403	17.32	
INTEREST - NOTES	0	0	0 (00	0.00	
INTEREST - LEASES PROVISION FOR BAD DEBTS	220,000	0 660,000	185, 300	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)	677'7TS	(785,129)	(152.62)	
NONOPERATING GAINS (LOSSES)						
INVESTRETCTED CONTRELEUTIONS (Note 4)	20,085	30,977	(3,016,297)	3,127,274	(102.66)	
NONOPERATING GAINS (LUSSES)	20,085	60,977	(3,046,297)	3,127,274	(99.20T)	
REVENUE AND CAINS IN EXCESS OF EXPENSES AND LOSSES	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(†0,1,0,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0,1,0	· 近年() · 门() () · 门) / 例	() アイ・パイティー・オート 日日日 () 日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	(10.10) (10.10) (10.10)	

Dara: 07/19/03 # 1700 User: AmavyDSOM	120	Cherry County Hospital GL *Láve*	• G. () • [•] •		B	-1 13100 14100
	ON	CHERRY COUNTY HOSPITAL NOTES TO FINANCIAL STATEMENTS 06/30/23	ITAL L'Ements			
	CURRENT PER	THIS YEAR	YEAR TO DATE- LAST YEAR	INCR/ (DECR)		
(NOTE 1) PATIENT SERVICE REVENUE						
TOTAL PATIENT REVENUE	\$ 3,669,721 \$	10,936,673 \$	10,201,755 \$	734,918	Y.20	
LESS CONTRACTUAL ALLOWANCES						
INPT MEDICARE	43,393	93,744	(J1,246)		(400.02)	
INPT MEDICAID NE		4,937	(334)		(1,595.25) 26.75	
INFT MEDICAID SD	22,076	71,790 13.247	040'27 662'L	0149,01 048,0	10. 10. 10.	
INPT COMMERCIAL	1,760	3,778	4,811	(1,034)	(21.48) (21.68)	
	0	10 550	12,447 77 37R	(12,447) (16.778)	(61.40)	
INPT VA-CHAMPUS THAT DETURTE DAV		347	0	347		
INFI FRIVALE FAI SWB MEDICARE	4,043	(47,977)	(71,946)	23,969	(33.32)	
SWB MEDICAID OTHER		0	5,380	(5,380)	(100.00)	
OUTPT MEDICARE	•	1,622,807	1,810,358 14 EAE	(122,781) 181 EC	128-B1	
OUTPT MEDICARE ADV	900 E	37,686 171.022	165,352	5,670		
	149,369	215,994	210,410	5,574	ы. Сб	
OUTPT MEDICAID OTHER	2,623	2,623	0	2,613	r o c t	
	1 00 - 0 0 U	304,419 86 001	50, 078	5,923	7.40	
OUTPT COMMERCIAL	24,404	99,425	111,048	(11,623)	(10.47)	
OUPT VA-CHAMPUS	68,232	176,921	133,641	43,280	32.39	
OUTPT PRIVATE PAY	2,685	9,912	33,172	(23,260)	(70.12)	
MCARE PR YR CA CONV			114,000 9.996	(000, F11) 786	20.00 20.00 20.00	
PROF FEE MEDICARE	7 C	507 'AT	912	(908)	(99.52)	
PROF FEE MEDICAID NE	5L1	535	3,050	(2,515)	(82.47)	
PROF FEE MEDICAID OTH	a	Ö	m s	(53)	(100°001)	
FEE	ന ന	562	0 C 90	205)	(60.00T)	
PROF PEE COMMERCIAL DDATE BER THS		51S	795	(282)	(3E'aE)	
PROF FEE VA-CHAMPUS	6	356	612	(356)		
PROF FEE PRIVATE FAY	0		(38)	1010 - 107	(オワロ・ウロン・オネー 作る)	
		1.190	0	1, 150		
CCC MEDICARE AUV		18,117	21,634	(3,717)	(I7.03)	
	42.725	80'01	14,435	65,636	454.71	
CCC MEDICAID OTHER	5' C' C'		າ ຍູຍູ ເ	1337)		
LUC BLUE CRUSS			40,044 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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CCC VA+CHAMDIS	C de f - C	22,613	1.28.1	LBC'TL	1.4.2. 4.2	
	s on N	1,601	2.219	(JIS)	(1×, DE)	
CHERRY COUNTY CLINIC	.0	0 0 0	ಭ ಇ ಗ	т.т т.т	5	
SURGEON DISCOUNTS	0	æ :	5 m	> 0		
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LARS OTHER DEJUCTIONS						
			rQ - 0	0.62	由1、五人1	
GRADE BALANCES ADMINISTRATIVE	ा " ला " चेल	20, 210	900 9 00 00	4.3.7		

CHARITY CASH DISCOUNTS EMPLOYEE DISCOUNTS						
CHARITY CASH DISCOUNTS EMPLOYEE DISCOUNTS		CHERRY COUNTY HOSPITAL NOTES TO FINANCIAL STATENENTS 06/30/23	HOSPITAL L STATEMENTS 23			
CHARITY CASH DISCOUNTS EMPLOYEE DISCOUNTS	CURRENT PER	THIS YEAR	LAST YEAR TO DATE- LAST YEAR	DATELUCR/ (DECR)	 	
AR LONG/SHORT ADJ	60,000 (22) 403	202,355 (2,861) 2,444	98,337 (247) 1,731	103,968 (2,614) 663 0	105.67 1,057.50 37.19 0.00	
TOTAL OTHER DEDUCTIONS	70,451	660,520	J20,526	105,573	0 F · 198	
NET PATIENT SERVICE REVENUE	5 2,498,796 	\$ 7,515,521 adatatatatata	\$ 7,002,719 *****************	\$ 512,603 	7.32	
(NOIE 2) OTHER REVENUE						
MED/RECORDS SALES		00	00	0 0	00.00 00.00	
CCC MEN KEL FEES PROF FEES BILLING REV		. 0	. 0	Ð	0.00	
CONTRACT LABOR	1,213	1,213	6,486 0	(5,273)	00.0	
OF DIEFILC FEACHING CLINIC DICTATION		0	0	0	0.00	
340 D	9,632	171,233	23,656	147,627 5,438	624.05 132.44	
VENDING MACHINES	1 D	0		0	0.00	
FINANCE CHARGE	1,0,639 2	18,402	26,767	1,635	-1 -1 W	
MISCELLANEOUS PHYSICIAN INCENTIVE				0	0.00	
TOTAL OTHER REVENUE	\$ 22,562	\$ 212,924 	\$ 61,807 ####################################	\$ 151,116 **********************************	244.50 ****:-***	
(NOTE 3) DEPRECIATION						
HOSPITAL BLDG. DEPR	127,094	361,087	381,746	(623)		
HOSPITAL EQUIP. DEPR	78,506	231,018	207,644	23,374	11.26	
CLINIC BUILDING DEPR	692 1,372	7,503 7,11 7,503	4 , 529 0	L, 703 (412)	(11.6)	
TOTAL DEPRECIATION	\$ 207,651	\$ 613,123	\$ 593,916	502 ° 502	0.	
(NOTE +) INVESTMENT INCOME						
MEMORIALS & CONTRIB	üS6	2.450	1.15)	, U	**	
GRANT INCOME	B :	50'0'0'	4.81, 7.62	(10,204)	(20.92) 0.00	
INVESTMENT INCOME	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10 10 10	0) 7 7 17		
ALTEREN - TILLARE		005			5.8 0.25	
IAN RECEIPTS	4,16/	12,500	12,00	0	0.00	
GAIN/LUGS ON EQ BALE	3	Ú		0		
日本のフォ、「本事業はあできた。」はたけの「	作曲の 、 のパ い	9 (N - 3 0 9	○○小田、市工〇、ペー 時、日、市工〇、ペー 時、日、市工〇、ペー 時、日、市工〇、ペー 時、日、市工〇、ペー 時、日、市工〇、ペー 日、市工〇、ペー 日、市工〇、ペー 日、市工〇、ペー 日、		"这些"。这些"这一个"。	

раге. 9.11973 ж. 900гг. 1975-1977 ж	e: C	Cherry County Hospica ⁴	a Cl +1 tve.			т. 4.0.4 4.
	STATE	CHERRY COUNTY HOSPITAL STATEMENTS OF PATIENT SERVICE 06/30/23	COUNTY HOSPITAL PATLENT SERVICE REVENUE 06/30/23			
	CURRENT PER	THIS YEAR	LAST YEAR TO DATE- LAST YEAR	ATE INCR/ (DECR)	र्द	
NURSING SERVICES						
CCH NURSING REV CCH NURSERY REV CCH NURSERY REV	108,523 10,283 0	531,994 33,314 0	534,398 22,813 0	(2,404) 10,501 0	(0,45) 46.03 0.00	
TOTAL NURSING SERVICES	118,811	565, 308	557,211	3,097	1.45	
OTHER ANCILLARY & FROFESSIONAL FEE SERVICES						
CCH CARDIOLOGY REV	13,562	57,215	68,413	(11,198)	(16.37)	
CCH RESP. THERAFY REV	28,507 34.031	146,142 96,837	67,605 84,605	73,537 12,232	14.46 14.46	
	41,662	87,481	82,203	5,278	6.42	
	291,568 7 850	815,738 23.873	1,152,323 45,288	(316,3416)	(47.29)	
CCH RECOVERY REV CCH EMERGENCY ROOM REV	150,739	450,253	466,528	(15,275)	(3,49)	
AMBULANCE	265,572	743,950	573,159 54 357	170,791	29.80 11.29	
CCH MATERIALS MGMT REV	13,755 414,864	1,231,536	512,128	389,622	46.18 46	
	8,434	33,103	43,900	(12, 134)		
DXG	11,266	57,700 0	610'29 (622)	(519,4)	(100.001)	
CCH EEG REVENUE CCH ELECTROMYOGRAPHY REV		0 0	0	D	0.00	
	28,956	101,144	98,866 , 701 600	2,278 153 836	2.30 11.91	
CCH PHARMACY REV CCH AMBETHESTOLACY DEV	532,828 69,349	1,445,423 138,038	250,748	(62,710)	(25.01)	
	128,451	299,409	225,194	74,215	32.96	
SPEECH THERAPY I		0	1,361 57 544	(1,361)	(15.85)	
CCH OCCUPAT THERAPY REV	24,655	48,423	14,178	3, 305	23.31	
	103,813	303,423	270,509	32,914	12.17	
	28,912	101,101 555 5	140,572 - 186 077	(39,400) 34.056	(28.03) 7.8.7	
CCH CT REVENUE	912,739 143,310	194,653	140°, 1200	154,6731	(Vo o)	
	167,162	535, 453	463,829	71,628	15.44	
per/cr pev		C) (7) (7) (7) (7) (7)	50 800 809 800	15.145	15.30	
CCH OUTPATIENT CLNCS REV	73,342	217,452	228,712	(11,260)	(4.92)	
DIALYSIS REV	14'LU	119,499,40	5 6 6 6 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	35,511	10 ק. קס. נוי דו,	
	149,253 111,255	190, 403 1911 - 1915	428,142	200.702	61.63	
CCH CCC REV Sch rich lab bev	10.64)	1 10 10 10 10 10 10 10 10 10 10 10 10 10	18,815	(39,4001	(44,44)	
	0		1,001		100.001	
CCH CCC OTHEP PEV	16,740	53°716	35, 517	2000 ° 800 °		
TOTAL OTHER PROF GERVLORS	J, 350, 910	نەت.ئ7ئىنىڭ	ます道、すずひ、の	120,021	1.04 04	
EUDAL PATLENT SERVICE AND FUELDS	1.265,721	17,57,57,57,7,7,7 17,57,57,7,7,7,7 19,7		· · · · · · · · · · · · · · · · · · ·	教養専用目言で	
AREAS TO MATERIAL	计结结管理 化热保险的 建建厂 神师和	主义重动 化合物化合物 化化合物化	: 			
Inpartients	369,445	1,479,926	1.540,618	(RO 893)	149, 6)	
Outpatients	3,300,276	4.436./48	197,400.0	and the second se		
TUIRL SEARDOWN ST CATEGORY			20,2	्र स्थान्त स	7.20	
	计计算机 化化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金	化铁铁铁合铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁	转达行注意 性能计自由转转转增长	经援制程程结验 经联口回回当时 这	经济场期期时	

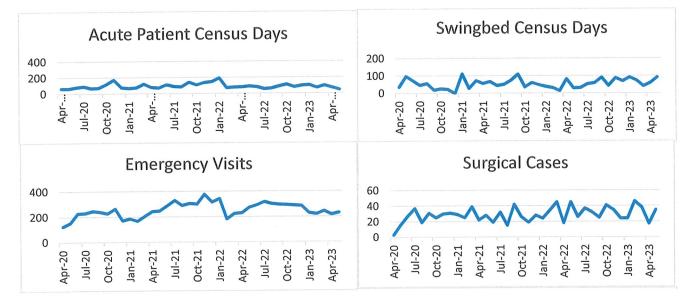
	STATE	CHERRY COUNTY HOSPITAL STATEMENTS OF DEPT EXPENSES - TOTALS 06/30/23	TAL 5 - TOTALS			
	CURRENT PER	THIS YEAR	LAST YEAR TO DATE- LAST YEAR	EINCR/ (DECR)	e e e	
NURSING SERVICES						
	240.549	844.748	570,327	274,421	48.12	
CCH NUKSING EXP CCH PISK MANAGEMENT EXP	10,997	30,930	16,193	14,737	10.16	
CCH NURSERY EXP	3,132	5,255	7,576	(2,321)	(30.63)	
CCH ICO EXPENSE	(56)	(707) 52 201	7,973 27 579	(8,680) 55,312	(108.37) 147.19	
CCH HUMAN RESOURCES EXP					, , ,	
TOTAL NURSING SERVICES	\$ 306,064 \$	971,116 \$	639,647 \$	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) 1387	1 20	
	43,729	926 52E	411.258	(81,322)	(19.77)	
CCH OPERATING ROOM EXP	1.385	6,225	3,868	2,357	60.94	
	108,827	400,963	401,320	(857)	(12.0)	
	77, 117	296,533	152,610	137,973	00,00 00,00	
	5,361	21,522	10,200	11,322	111.00 ar ar	
	000 000	366,244	315,314 (5 812)	515°, 515	(101.14)	
	0	1 0	0	0	0,00	
CCH ELECTROMYOGRAPHY EXP	. 0	Û	C	0	0.00	
	2,961	6,055	13,489	(1,434)	(55.11) 2.20	
	273,701	741,327	707,526	13. 801 81 665	44.40	
	70,131	265,238 79 945	78, 767	1,178	1.50	
	7 0 0 7 7 7 D	0	412	(412)	(100.00)	
CCH SPERCH INERAFI EAF	7,423	11,704	33,260	(21,556)	(64.81)	
	12,034	37,198	31,149	6,049	19.42	
	22, 777	107,957	140,270 217 753	(גוג'יגן) קרק הן	0 C C C C C C C C C C C C C C C C C C C	
	72,856	230,418 23 463	6 15 10 10 10 10 10 10 10 10	606 C	000	
		00°, 100	274, 173	(129,206)	(58.93)	
CCM CONTENT CLUCE EXP		c	¢	Ð	21 C :: C	
DIALYSIS EXP	33,259	113,096	89,413 	28,683	32.08 11 11 11 11 11 11 11 11 11 11 11 11 11	
CCH SPECIALTY CL-PRO EXP	547 755,524 756,754	139,665 887,838	199,288 199,461	FF1,501	27.63	
				Non-second statements and second statements	and a second secon	
TOTAL OTHER PROFESSIONAL SERVICES	0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	4, 622. 147 S	よ、目のひ、ひらる 仰	1001 - 1001	20 C - C - C - C - C - C - C - C - C - C	
の国行行の経緯の、市営民は営用行						
CCH DIETARY EXP	6 4 4 V 2	04, 56 <i>°</i>	62,205	4,382		
CCH PLANT OPERATIONS EXP	23,670	165,070	100, +2+		0	
CCH ENVIRONMENTAL SVCS EXP	12.929	33.622	ा स्ट इ.स	(a, 46.) * 1100		
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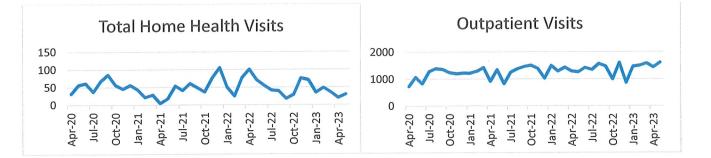
Date. 07/10/23 A 17AA Vest. AdavidSon		oj Aliaro	Charty County Hospital GL TLive.	u er u				9 A G A G
	UN IN	CHER TATEMENTS	CHERRY COUNTY HOSPITAL STATEMENTS OF DEPT EXPENSES - TOTALS 06/30/23	OSPITAL ENSES -	TOTALS			
	CURRENT PER	1	THIS YEAR		YEAR TO I LAST YEAR	THIS YEAR IO DATE	øE	
ADMINISTRATION		-						
CCH ADMINISTRATION EXP	164,599		527,980		411,373	116,607	28.35	
TOTAL ADMINISTRATION	Ş 164,599	ŝ	527,980	ŝ	411,373	\$ 116,607	28.35	
FINAL TOTALS	С 2, 184, 133 Нимениениениениениение		5 6,397,225 ===============	1 	5 5,482,778 ===###########	\$ 914,447	16.63 ******	

CHERRY COUNTY HOSPITAL STATISTICS

		Current Year 2023 Apr -	Prior Year 2022 Apr -	
		Jun	Jun	Variance
Patient Discharges (Newborn and Swingbed No	ot Included)		41	(0)
Cherry County		32	41 6	(9)
Brown County		3	0	<mark>(3)</mark> 0
Rock County		0 0	4	(4)
Keya Paha County		25	25	(4)
All Other	Total	23 60	23 76	(16)
	lota			(/
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 Patient		0	0	0
Custonial Care Days		Ū.	-	-
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	Total	1 14	1 16	0 (2)
Swingbed Census Days		172	145	27
Swingbed Discharges	Total	155	135	20
Medicare Swingbed Days		0	0	0
Medicare Advantage Swingbed Days		0	0	0
NE&SDW Medicaid Swingbed Days		8	10	(2)
Private Swingbed Days		163	145	18
Surgical Cases	Total	16	19	(3)
Inpatient		58	70	(12)
Outpatient		74	89	(15)
Outpatient Visits		4548	3982	566
Emergency Visits		681	793	(112)
PT HH Visits SN HH Visits Aide HH Visits OT HH Visits Speech Therapy Visits	Total	22 71 0 17 0 110	73 89 0 66 0 228	(51) (18) 0 (49) 0 (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





DATE: 07/18/23 « USER: ADAVIDSON	07/18/23 @ 0827 ADAVIDSON					C PERIOD EN	Cherry County Hospital BAR *Live* END ACCOUNTS RECEIVABLE INS GROUP	Hospital (ECEIVABLE	Cherry County Hospital BAR •Live• PERIOD END ACCOUNTS RECEIVABLE INS GROUP SUMMNARY	ZY					PAGE 1
							Б	JUNE 2023							
	OPEN	UET BILLED	RCPTS	ADJS	REFS	INS Xfers	BAD DEBT XFERS	CLIENT XFERS	CLOSE	0-30	31-60	AGING- 61-90	91-150	151-365	366+
BC TOTAL	589368.91 641	852828,50	852828.50 -601670.85 -174395.92	174395.92		-75192.39	0 ° 0		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	01.66	-4996.66	368.50		899941.74 1153	156152.71 217	265012.34 271	104273.01 134	94265.47 136	149084.53 277	131153,68 123
IHS/PHS TOTAL	AL 272978.12 140	104111.36	-49748.55	-40146.13		- 29264 . 96	0 0 0		257929.84 151	82924.51 23	75326.20 36	19759.50 13	23337.10 20	43802.10 43	12780.43 16
LGL L TOTAL	00°0 0								0,00						
MA TOTAL	10.77218 25	30686.57	~ 3915.60	-4734.64		-1703.48	0 0 0		51609.89 37	9543.55 8	6698.30 7	9785.05 8	6063.38 3	2535.78	16983.83 5
MCR TOTAL	1379696.27 1388	1891341.00	71.767733- 79.295.41.00 -141595.97 -667797	-667797.17		-204672.37	0.00		1553971.76 1447	913264.31 644	396046.88 328	68840.17 107	40764.69 90	26459.32 203	108596.39 82
NEMCD TOTAL	87132.03 771	296133.29	-175912.24 -171210.78	-171210.78		32927.34	0.00		69069.64 774	-49410.01 159	25342.70 90	12955.10	73687.33 79	164690.76 202	-158196.24 202
OMCD TOTAL	28699.45 13	00.0				3206.05	0.00		31905.50 15		2019.99 2	4341.86 3	565.90 1	23716.72 5	1261.03 3
SDW TOTAL	160948.85 215	292351.53	-173257.87	-270773.30		57806.49	0.00		67078.70 141	44092.62 32	9181,83 71	242.80 5	1520.61 13	21098.96 61	- 9058.17 13
SP TOTAL	2030990.44 3799		149221.44 -166488.02	-58007,65	810.28	218137.46	-42203.65		7132560.30 4096	-8617.38 355	221255.83 542	167553.32 464	440044.19 686	685072.11 1107	627252.23 979
TRI TOTAL	102621.31 167	188295.28	- 68573.33	- 70787.38		8276.91	0.00		159830.79 174	90047.64 44	27369.00 28	101 10	10337-62	00.000 440 440	9 E . 4 2 2 9 . 3 6
WC TOTAL	91382.67 130	3091.35	-18765.72	- 9689.		95,4554-			6.6.7.7 7.7.6.8 9.1.7.1 9.1.7.1 9.1.7.1	~9632.80 1	9 6 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	3500.80	6279 10 14	27643.00 22	28338 8338 936
GRAND TOTAL		4192301.01	5762141.87 4192301.01-2504853.26-1532453.45	1532453.45	86.201	00.0	-41815.15		5876330.40	1514538.23	1247350.20	4 124 25 3 , 06	Et. 606111	1192368.L?	L£.LFEET:

DATE: 07/19/23 @ 0827 USER: ADAVIDSON					C PERIOD EN	herry Count; ID ACCOUNTS	Cherry County Hospital BAR *Live* END ACCOUNTS RECEIVABLE INS GROUP	Cherry County Hospital BAR *Live* PERIOD END ACCOUNTS RECEIVABLE INS GROUP SUMMARY						PAGE 2
							JUNE 2023							
Nado	Lan Lan	RCPTS	ADJS	REFS	INS XPERS	BAD DEBT XFERS	CL I ENT XPERS	CLOSE	0-30	0-30 31-60		AGING 91-150 151-365	151-365	366+
8510	ł							8682	1748	1463	847	1098	2032	1553

2021-2022 \$ 4,592,365.85 \$ 2,043,323.95	\$ 6,635,689.80												
2021-2022 \$ 5,876,330.40 \$ 1,862,934.51	\$ 7,739,264.91												
Billed Unbilled	Total												
	AR DAYS (with UR)	65	63	57	64	71	69	67	64	66	66	71	70
	AR DAYS	49	44	43	58	49	56	42	44	44	51	57	51
	PERIOD	JUNE 2023	MAY 2023	APRIL 2023	MARCH 2023	FEBR 2023	JAN 2023	DEC 2022	NOV 2022	OCT 2022	SEPT 2022	AUG 2022	JULY 2022

201					\$ 15,553.08	\$ 10,842.30	\$ 35,307.56	\$ 2,753.80	\$ 17,801.54	\$ 19,514.75	\$ 35,548.33		\$ 225,761.48	2015-2016	\$ 31,610.85	\$ 55,190.99	\$ 47,249.46	\$ 6,385.42	2;	\$ 70,657.91	\$ 141,601.93	\$ 54.039.92	201000/PC 5		57, 10,45 5	5 58,865.04	5 60,61/.1/	\$ 835,1/3.98	2015-2016	\$		\$ 25,471.00	5 9,994.91				\$ 23,482.33	\$	\$ 5,368.46	\$ 9,451.91		5 119,947.68
2016-2017	\$ 12,420.55	\$ 24,839.86	\$ 12,290.33	\$ 28,635.05	\$ 18,076.29	\$ 10,149.18	\$ 19,112.80	\$ 12,011.00	\$ 38,658.66	\$ 38,144.56	, , ,		\$ 214,338.28	2016-2017	\$ 48,010.87	\$ 43,371.19		Ч	< RR 350.44	\$ 120,776.04	¢ 73,669.74	5 36 210.11	• •		5 81,429.28		\$ 67,685.63	\$ 790,219.06	2016-2017	\$ '		\$ 46,764.07				28	\$ 580.13	ۍ ۲	\$ 6,159.85	\$ -		\$ 94,851.86
2017-2018	\$ 17,007.44		\$ 9,930.30	\$ 22,601.63	\$ 12,612.95	\$ 12,917.19	\$ 15,130.10	\$ 19,414.04	\$ 21.438.54	\$ 14,005.34	\$ 10.545.85		\$ 175,105.91	2017-2018	\$ 57,816.42				¢ 33.705.54	\$ 111.408.59	55 CP4 CP 23		50,502,45 51,512,52	5 114,847.32	\$ 188,386.84	\$ 73,283.30	\$ 48,947.43	\$ 956,363.76	2017-2018	\$ 11,145.59	\$ 424.23			\$ 12,917.19			\$ 85,477.29		\$ 26,606.70	\$ 41,190.22		\$ 196,031.19
2018-2019	\$ 27,176.36	\$ 20,448.64	\$ 16,824.21	\$ 13,528.41	\$ 12,539.42	\$ 13,602.54	\$ 55,454.64	\$ 18,050.98	\$ 19.621.65	¢ 13 566 86	\$ 53.476.17	\$ 29,663.96	\$ 293,953.84	2018-2019	\$ 42,626.99		¢ 150.037.66			<pre>\$ 1410.01</pre>	¢ 76 505 13		79.69/661 \$	\$ 128,699.95	\$ 40,675.37	\$ 97,596.00	\$ 80,356.21	\$ 1,119,355.02	2018-2019	\$ 107,858.84	\$ 26,971.26	\$ '		\$ 43,113.08	\$ 280.50	\$ '	۰ ۲	\$ 6,419.54	\$ '	\$ 1,282.00	\$	\$ 185,925.22
2019-2020	\$ 13,989.89	\$ 65,734.73	\$ 48,308.31	\$ 14,428.09					'n		<pre>c 17 572 07</pre>	\$ 37,149.14	\$ 318,662.47	2019-2020	\$ 141.916.22	¢ 76 941 79				00.200,041 ¢		5 99,484.70	5 50,429.28	\$ 105,846.65	\$ 66,747.54	\$ 93,308.34	\$ 59,495.97	\$ 1,157,503.22	2019-2020	\$ 37,712.10	\$ 66,524.09	\$ 30,227.81	\$ 31,845.11		\$ 58,042.21	\$ 95.00	\$ 4,813.10	\$	\$ 26,019.20	\$ 12,323.09	\$ 1,467.23	\$ 269,068.94
2020-2021	\$ 26,031.26		\$ 4,996.25	~							¢ 217136	\$ 41,863.22	\$ 198,400.85	2020-2021	\$ 77 038.74			νεουνιι ό		24-2602-42				\$ 87,651.09	\$ 5,654.94	\$ 91,076.92	\$ 51,746.12	\$ 713,176.21	2020-2021	ې ۲	\$ 8,924.13	\$ 39,463.63	\$ 77.21	\$ 19,564.28		\$ 357.38	، دري	د	\$ 1,019.97	, , ,	ۍ ۱	\$ 69,406.60
2021-2022	\$ 61.559.98	\$ 21.120.81	\$ 25.152.70							75-HOC/66 ¢	57.1/0,41 ¢	\$ 21.692.57	\$ 272,147.92	2021-2022	1 684 00	0010017 V	TT'TS7'7NT ¢	\$ 9010 ED	5.24U/2 C	5 161,965.1/	7		~	\$ 247.17	\$ 179,159.18	\$ 34,204.82	\$ 277,774.01	\$ 970,115.54	2021-2022	\$ 45.785.24		\$ 20,737.84	\$ 278.93	~	\$ 22,519.25		\$ 13,795.41	\$ 13.635.55		\$ 2,903.98	י • •	\$ 143,396.76
2022-2023	\$ 54 166.43		\$ 4.836.54	5 77 436 76	\$ 3975.33	01 747 15 \$	¢ 74.887.73				05.944.58	5 35.497.04	7	5005-6606	¢ 177 580 57	70-200'77T ¢	5 04'7'4'88	5 124/1/8.43	5 b3,U84.98	\$ 3,925.33	12.24/ לכל ל	\$ 48,673.04	\$ 54,722.50	\$ 98,625.18	\$ 32,851.36	\$ 47,194.61	\$ 148,542.81	\$ 865,015.60	2002-2202		. v	م	. i	، ۱	\$ 10,680.83	\$ 54,358.00		, 	\$ 9.166.04	\$ 3,963.26	5 9,905.89	\$ 88,074.02
207-5505	5 13 774 91	\$ 96 693 R5											\$ 115,920.44		¢ 74 EOC 01			38,/48.bb										\$ 170,933.89		v	, . v	\$ 21.016.77										\$ 21,016.77
Recoveries	Anril	Mav		July	August	Sentember Sentember	October	Vuluue	November	December	January	Feoruary March		Channel Offic	Criarge-Uris	April	May	June	٨INL	August	September	October	November	December	January	February	March		Ein Acct	Anril	May	lune	hulv	August	Sentember	Ortohar	November	December	שרכווטכו	February	March	-

Cherry County Hospital Bad Debt and Recoveries

141.6666667

Cherry County Hospital

Current Cash Position	June 2023	June 2022	May 2023
Cash Accounts	\$ 1,621,730.27	\$ 2,332,017.66	\$ 2,022,373.53
Hospital Checking Security 1st	\$ 698,581.93	\$ 565,218.56	\$ 727,795.39
Hospital Payroll Wells Fargo	\$ 874,545.19	\$ 586,342.59	\$ 643,341.63
Clinic Checking FNB	\$ 674,545.15	<i>y</i> 500,012,000	\$ 679,974.03
Union Patient Loan Account			
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	, \$ -	\$ -	\$
	\$ 7,587,132.00	\$ 8,021,230.16	\$ 8,463,030.55

DATE: 07/15/ DER: ADAVII		Cherr		Hospital P SET LIST	A *Live*			PAGE
		CREA FROM FACILITY FROM ASSET NUMBER FROM STATUS DATE: FROM ACQUIRED DATE: FROM RETIRED DATE	: BEGINNI : BEGINNI 04/01/23 04/01/23	NG THRU AS THRU STATU THRU ACQUI	ACILITY: END SSET NUMBER: END US DATE: 07/31/2 IRED DATE: 06/30	3 /23		
ACILITY: C	······································			STAT DATE	01 200	DEPARTMENT	ACQ DATE RI	ET DATE
VUMBER	DESCRIPTION		-		· · · · · · · · · · · · · · · · · · ·	01.8210	04/21/23	
00000398	MEDICAL INFO TECH -		ACTIVE		HOS EQUIP		01121/03	
	VALUE	CURRENT AMOUNT	AMOUNT	TO ADD	NEW AMOUNT			
	COST	645.00	<u></u>		645.00			
000000399	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	2		
	COST	20153.75			20153.75	5		
0000000402	SEACOAST BUSINESS	- HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	04/11/23	
	VALUE	CURRENT AMOUNT	AMOUNT	TO ADD	NEW AMOUN	r		
	COST	240.00			240.0	- D		
000000403	·	- HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/19/23	
0000000000	VALUE	CURRENT AMOUNT		TO ADD	NEW AMOUN	r		
	COST	240.00			240.0	-		
0000000404		- HEALTHCARE TRIANGE	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/19/23	
00000404		CURRENT AMOUNT		TO ADD	NEW AMOUN			
	VALUE	20153.75			20153.7	-		
	COST		ACTIVE	06/19/23	HOS EQUIP		05/12/23	
0000000405		- HEALTHCARE TRIANGE		TTO ADD	NEW AMOUN			
	VALUE	CURRENT AMOUNT	AMOUN		33142.1	_		
	COST	33142.16		00/100/00			05/12/23	
0000000406	SEACOAST BUSINESS	- HEALTHCARE TRIANGE	ACTIVE		HOS EQUIP		VJ/26/6J	
	VALUE	CURRENT AMOUNT	AMOUN	T TO ADD	NEW AMOUN	_		
	COST	1355.00			1355.0	0		
0000000407	SHARED SERVICES SY	STEM - EXAM CHAIRS	ACTIVE	06/19/23	HOS EQUIP	01.8210	05/12/23	

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

CREATED BY USER: ADAVIDSON FROM FACILITY: BEGINNING THRU FACILITY: END FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END FROM STATUS DATE: 04/01/23 THRU STATUS DATE: 07/31/23 FROM ACQUIRED DATE: 04/01/23 THRU ACQUIRED DATE: 06/30/23 FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

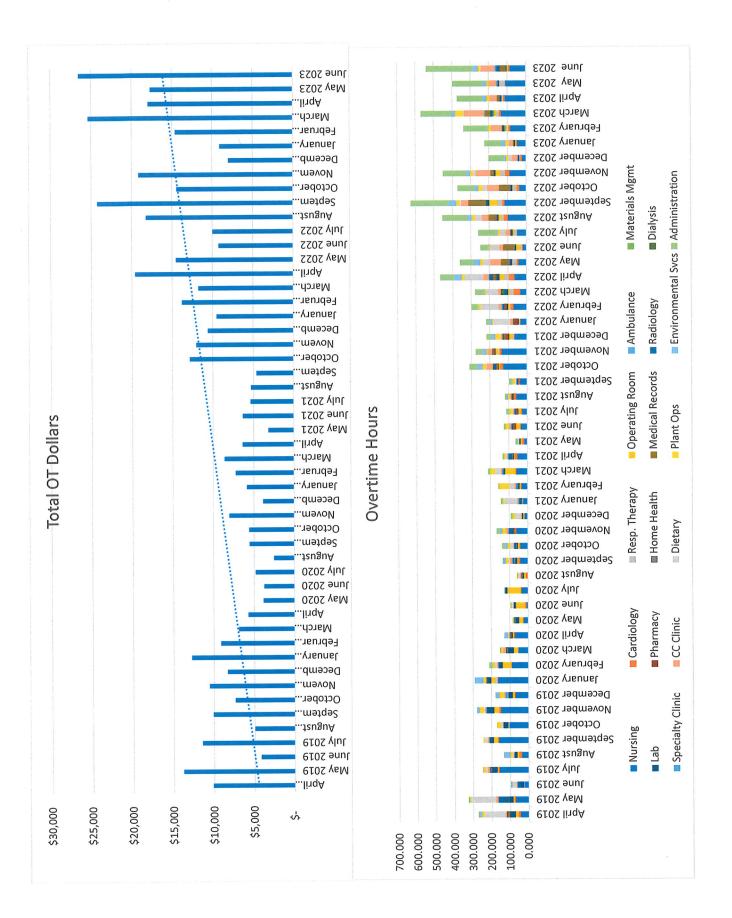
Cherry County Hospital FA *Live* ASSET LIST

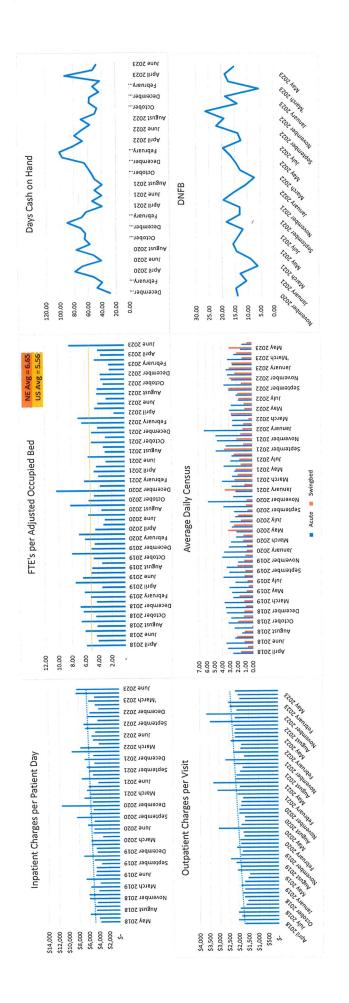
FACILITY: CCH

NUMBER	DESCRIPTION		STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE RET DATE
	VALUE	CURRENT AMOUNT	AMOUNT	TO ADD	NEW AMOUNT		
	COST	95633.45			95633.45		
0000000408	HCISOLUTIONS - SY	NCSOLVE 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		
000000409	SEACOAST BUSINESS	5 - 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		
0000009410	SEACOAST BUSINESS	5 - 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		
000000411	MEDICAL INFO TECH	H - 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		
000000412	MEDICAL INFO TECH	H - 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	H - 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		
000000415	TEGRIA - RE: EXI	PANSE	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 ADVANTAG	Е	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

PAGE 2

DATE: 07/ USER: ADA	15/23 @ 0929 VIDSON	Cherry County Hospital FA *Live* ASSET LIST	PAGE
		CREATED BY USER: ADAVIDSON FROM FACILITY: BEGINNING THRU FACILITY: END FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END FROM STATUS DATE: 04/01/23 THRU STATUS DATE: 07/31/23 FROM ACQUIRED DATE: 04/01/23 THRU ACQUIRED DATE: 06/30/23 FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END	
FACILITY:	ССН		
	DESCRIPTION	STATUS STAT DATE CLASS DEPARTMENT	ACQ DATE RET DATE
FACILITY : NUMBER		STATUS STAT DATE CLASS DEPARTMENT	ACQ DATE RET DATE







June 2023 Financial Report





- 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
- 34 oB Revenue see comments on Notes to Financial Statements Slide
- Other Professional Services increased \$452,765
- Locum staff
- Total Expenses increased \$1,449,048
- Locums, Expanse, & 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 Revenue Patient Service

decreases of 10% or more: **Departments with Revenue**

- 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

increases of 10% or more: **Departments with Revenue**

- 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



Departments with Expense decreases of 10% or more:

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 Expanse

Nursery

·ICU

- 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 increasec

-

• EKG

Operating Room

Labor & Delivery

Cardiology

- 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

Environmental Svcs

Medical Records

Occupational Therapy

 Administration: Team Growth with IT & Business Office and overtime for Expanse.



- 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

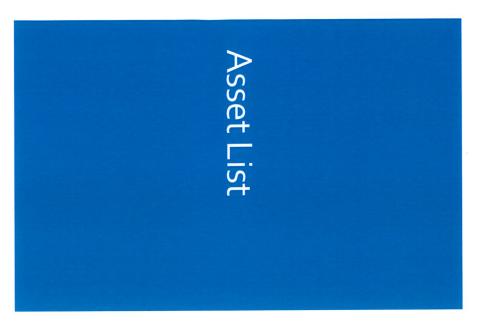
- Proposed Report for Reserve Model Non-Governmental Payors still in review
- Total AR is up \$1,103,575.11
- New AR to GL Reconciliation
- Report total \$5,876,330.40 and GL total \$5,876,330.40
- Net AR Days increased to 49 (5 day change)
- Gross AR Days increased to 65 (2 day change)

Bad Debt, Recoveries, & Financial Assistance

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



- 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



- 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)
- Tegria (\$20,000)
- Expanse Project
- GE Healthcare Systems (\$52,873.85)
- Total Assets for FY2024 = \$556,333.38

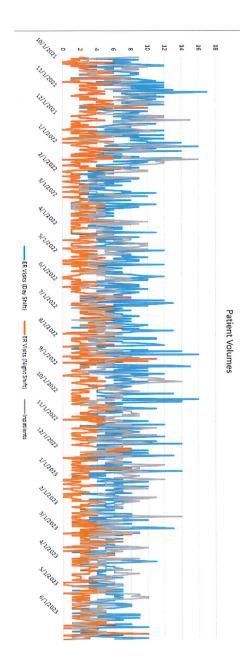
Overtime Tracker

- 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 (20 75
- 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 $_4 o$ 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)



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		- A Dootwork	d Deel Drer	artu	FORM
File with the		rt of Destroy(ing on or after January	1 and hotoro $110V$ 1 C	n Current real	425
unty Assessor and ounty Clerk on or	Damage Occurr Significant damage must	exceed 20% of the curren	I Seessed value as dell	ned in the instructions.	420
Before July 15		One parcer	County Name	Filed	- D - 17
	Nailing Address of Persor		cherry		1815
M. K T	Jhasan		Destroyed Report Number (Optional for County Use Only) 425	5-23-01
et or Other Mailing Add			Descript	on and Location of the F	roperty
37403 E	of Anderson Bridg	<u>e RD</u>	Compl	ete a separate report for each p	arcel
Town, or Post Office	State		Property ID Number	2	
Kilgor	NE	69216	Legal Description of the Re	al Property (For Example, Lot, Blo	ck, Addition, City Name,
ne Number 402 -	322- 1991		Section, Township, Range)		
ail Address	1 69219 @ Yith if Different than Address Above	co.lom	500 14,51/25	E ¹ /4 29-33-3	
		or Requested Reassess	ment Due To Signific	ant Damage.	
	Reasons fo	or requested reassess	Damage Occurred to:		
e of Damage				ildings	
nificant Damage Due to	- Tornado Earthqu	Jake Other Natural Di	saster, Specify		
scribe the significant d	amage, as defined in the instruction es; grass, and fen recover, Fences	ons.	(a acazina and .	trees
R. mark tre	es; grass, and fen	a, Loss of use	tor a year on	Jucking mill	· •
sorre in	reinver Fences	s will have a	to be replac	ed.	
will hon		_			
	g Documents: Include any pho	tegraphs reports damage	estimates, repair estimate	es, insurance documents, or c	ther documents
Attach Supportin	g Documents: Include any pro- onsidered by the county board	l of equalization in making a	ny adjustment in value.		
you wish to be of					
sign	MAK				6-28-23
	ure of Person Filing the Report of I	Destroyed Real Property			Date
		For County Roard of	Equalization Use Onl	y	
	Significant damage mu	ist exceed 20% of the curr	—	lefined in the instructions.	Denied
			Granted	Reassessment Value	
	Current Year Assessed Val	lue	land	Heassessment value	
and			Land		
			Buildings		
uildings					
otal			Total		
Comments:					
			the star of the star	100	
	county board of equalization has ve		ualization Certification	for to making any adjustments ou	e to significant property
The c	county board of equalization has ve age and certifies that any adjustme	enned the current year assesse ant to value on this report has be	een made to destroyed real p	operty only.	-
ama	190 and 60, 200 and 2019				•
N		tion Chairnerson			Date
Sign	ature of County Board of Equalizat				
			erk Certification	Date Notice of Decision was N	ailed to Property Owner
Date the Report was H	leard	Date of the Decision			
			t and the action of the county	board of equalization has been p	rovided to the county
The	undersigned certifies that a copy essor and has been mailed to the	of this request for reassessmen person filing this report at the al	pove-shown address on		, 20
ass	essor and has been mailed to the	porson ming the report of the a			
				•	
					Date
Sin	nature of County Clerk				Date

	- A Doobroug	a Deal Drar	artu	FORM
	t of Destroye g on or after January			425
ounty Assessor and Damage Occurring Significant damage must ex		assessed raide at	ined in the instructions.	4LU
Before July 15	One parcer p	county Name	Filed	
Name and Mailing Address of Person F	Filing Report	Cherry	10)	18 20 23
		Destroyed Report Number	(Optional for County Use Only) 4.20	5.23.02
Mark Johnson		-	ion and Location of the F	
at or Other Mailing Address 37403 East Andress Blidge	RN	Comp	lete a separate report for each p	arcel.
Town, or Post Office State	Zip Code	Property ID Number		
Kilaore NE	697,16	16002691	La La Francia Lat Blo	ck Addition, City Name,
ne Number		Legal Description of the Re Section, Township, Range)	al Property (For Example, Lot, Blo	
402-322-1991				
ail Address	to a	PT SE 1/4 3	12-52-31	
Johnson 69219 @ yahou	<u>0.10m</u>	-		
s Address of Property, if Different than Address Above				
Reasons for	Requested Reassess	ment Due To Signific	ant Damage	
e of Damage		Damage Occurred to:		
		Land B	uildings	
nificant Damage Due to:		sector Specify		
Flood Fire Tornado Earthquak	Ce Other Natural Dis	saster, Specify		a
scribe the significant damage, as defined in the instructions Burnel frees, grass, and fence will not recover. Fences	i. I ar and allo	Graver D	n grazing and .	tres
Rimmed trees, grass, and tence	Less of ox	tor a year		
ill not recover. Fences	will have t	o be reprai	ed.	
WATCHE FORCE				
Attach Supporting Documents: Include any photo	araphs reports damage	estimates, repair estimat	tes, insurance documents, or c	ther documents
Attach Supporting Documents: Include any proto you wish to be considered by the county board of	f equalization in making a	ny adjustment in value.		
you wish to be considered by inclosed by				
sign M. J.V.				6-28-23
here Signature of Person Filing the Report of Des	stroved Real Property			Date
			iv	
	For County Board of	Equalization use of	defined in the instructions.	
Significant damage must		Granted	Partially Granted	Denied
			Reassessment Value	
Current Year Assessed Value	e	Land	neassessment titles	
and		Lano		
		Buildings		
uildings				
		Total		
Total		Total		
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Comments:	County Board of Eq		on	
Comments:		ualization Certificati	prior to making any adjustments ou	e to significant property
		ualization Certificati	prior to making any adjustments ou	e to significant property
Comments:		ualization Certificati	prior to making any adjustments ou	
Comments: The county board of equalization has veri damage and certifies that any adjustment	fied the current year assessed to value on this report has be	ualization Certificati	prior to making any adjustments ou	e to significant property
Comments:	fied the current year assessed to value on this report has be n Chairperson	ualization Certificati d value of the real property p een made to destroyed real p	property only.	Date
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File with the Report of Destroy	ed Real Prop	erty f Current Year	FORM
ounty Assessor and Damage Occurring on or after Januar County Clerk on or Significant damage must exceed 20% of the curre Before July 15 One parcel	nt assessed value as uell	neu in me monuener	425
Name and Mailing Address of Person Filing Report	County Name	Filed U	28 .20 23
Mark Johnson	Destroyed Report Number (C	925	5-23-03
reet or Other Mailing Address 37403 East Anderson Bridge RD	Descripti Comple	on and Location of the P ete a separate report for each pa	roperty Ircel.
ty, Town, or Post Office State Zip Code	Property ID Number		
Kildore NE 69216	Legal Description of the Rea	Property (For Example, Lot, Bloc	k, Addition, City Name,
402-322-1991	Section, Township, Range)	Null 20-33-	31
Johnson 69219 @ Yuhoo. Com	NE14, PIE/2	NW14 30-33-	ę.
itus Address of Property, if Different than Address Above			
Reasons for Requested Reasses	sment Due To Significa	Int Damage.	
Date of Damage	Damage Occurred to:	dings	
	Disaster, Specify		
Describe the significant damage, as defined in the instructions.	for a year of	grazing and t	rees
Describe the significant damage, as defined in the instructions. Burned frees; grass, and fence, Loss of use will not recover. Fences will have	to be replace	ed.	
Attach Supporting Documents: Include any photographs, reports, damage you wish to be considered by the county board of equalization in making	e estimates, repair estimate any adjustment in value.	s, insurance documents, or ot	her documents
sign Mall			6-28-23
here Signature of Person Filing the Report of Destroyed Real Property			Date
For County Board of Significant damage must exceed 20% of the cur	f Equalization Use Only rrent assessed value as d	efined in the instructions.	
Olgranoun, camago	Granted	Partially Granted	Denied
Current Year Assessed Value	Land	Reassessment Value	·····
Land	Land		
Buildings	Buildings		
Total	Total		
Total Comments:	Total		
	Total		
Comments:	nuclination Cortification	n	
Comments:	qualization Certificatio	or to making any adjustments due	to significant property
Comments: County Board of Equalization has verified the current year assessed damage and certifies that any adjustment to value on this report has to	qualization Certificatio	or to making any adjustments due	to significant property
Comments: County Board of Equalization has verified the current year assessed damage and certifies that any adjustment to value on this report has to Signature of County Board of Equalization Chairperson	qualization Certificatio ed value of the real property pri been made to destroyed real pro	or to making any adjustments due operty only.	Date
Comments: County Board of Equalization has verified the current year assessed damage and certifies that any adjustment to value on this report has to Signature of County Board of Equalization Chairperson County Cl Date the Report was Heard Date of the Decision	qualization Certificatio ed value of the real property pri been made to destroyed real pro erk Certification	Date Notice of Decision was Ma	Date
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File with the Report of Destr	nvad Raal Dri	onertv	FORM
Number Assessor and Demore Occurring on or after la	nuary 1 and before JUIV	1 of Current Year	425
County Clerk on or Significant damage must exceed 20% of the	current assessed value as	defined in the instructions.	420
Before July 15 One p Name and Mailing Address of Person Filing Report	County Name	Filed	20 12
	- Cherry		29 .20 13
Mark Tohuson	Destroyed Report Numb	per (Optional for County Use Only) 4.2	5-23-04
eet or Other Mailing Address	Descr	iption and Location of the	Property
37403 East Anderson Bridge RD	Co	mplete a separate report for each	parcel.
y, Town, or Post Office State Zip Coo		na	
Kilgore NE 692	Legal Description of the	Real Property (For Example, Lot, B	lock, Addition, City Name,
one Number 402 - 322 - 1991	Section, Township, Ran	ge)	
nail Address		70 7	
Johnson 69219 @ Vahoo. Lom	- NW114 2	29-25-21	
us Address of Property, if Different than Address Above	1 -)		
	and the second state	ficant Damage	
Reasons for Requested Rea	Damage Occurred to:	Iloant Danago.	
ate of Damage	Land	Buildings	······································
gnificant Damage Due to:			
Flood ViFire Tornado Earthquake Other Na	tural Disaster, Specify		•
escribe the significant damage, as defined in the instructions. Burned trees, grows, and fence, Loss of will not recover. Fences will have	sea Constan	on arazina and	trees
Burned trees, grass, and fence, Loss or	use for a year	June your your your	-
will not recover. Fences will hav	ie to be repla	ued.	
With how how of the			
Attach Supporting Documents: Include any photographs, reports, da	mage estimates, repair estim	nates, insurance documents, or	other documents
Attach Supporting Documents: Include any photographis, reporte, or			
you wish to be considered by the county board of equalization in ma	aking any adjustment in value), 	
you wish to be considered by the county board of equalization in the	aking any adjustment in value		
sign	aking any adjustment in value		6-28-23
you wish to be considered by the county board of equalization in the			<u>6-28-23</u> Date
sign here Signature of Person Filing the Report of Destroyed Real Property Ear County Boa	rd of Equalization Use C	Dnly	<u>6-28-23</u> Date
sign here Signature of Person Filing the Report of Destroyed Real Property Ear County Boa	rd of Equalization Use C	Dnly	<u>6-28-23</u> Date
sign here Signature of Person Filing the Report of Destroyed Real Property	rd of Equalization Use C	Dnly	<u>6-28-23</u> Date
sign Signature of Person Filing the Report of Destroyed Real Property For County Boa Significant damage must exceed 20% of the	rd of Equalization Use C	Dnly s defined in the instructions.	<u>6-28-23</u> Date
sign Signature of Person Filing the Report of Destroyed Real Property For County Boa Significant damage must exceed 20% of th Current Year Assessed Value	rd of Equalization Use C	Only is defined in the instructions.	<u>6-28-23</u> Date
sign Signature of Person Filing the Report of Destroyed Real Property For County Boa Significant damage must exceed 20% of the	rd of Equalization Use C le current assessed value a Granted Land	Only is defined in the instructions.	<u>6-28-23</u> Date
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sign Signature of Person Filing the Report of Destroyed Real Property For County Boa Significant damage must exceed 20% of th Current Year Assessed Value	rd of Equalization Use C le current assessed value a C Granted Land Buildings	Only is defined in the instructions.	6-28-23 Date
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	and Deal Draparty	A	FORM
	yed Real Property		425
aught Clork on or 1 of a figure demons much exceed 20% of the Cu	Illelli assesseu value de terret	he instructions.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Before July 15	Cel per form.	Filed	1-8 02
Name and Mailing Address of Person Filing Report			W120 ,20 13
	Destroyed Report Number (Optional for	County Use Only)	25-23-05
Krajeski & Johnson Enc		l l	
et or Other Malling Address	Complete a ser	Location of the parate report for each	parcel.
39650 Pask LN Town, or Post Office State Zip Code	Property ID Number		
Valentine NE 6920	160665374		A LINE OF Nome
Number	Legal Description of the Real Propert	y (For Example, Lot, B	ock, Addition, City Name,
402-322-1718	Section, Township, Range)		
ail Address	N1/25E1/4 29-3	53-31	
johnson 69219@ yahou lom	N/2,) ~.4	-	
is Address of Property, if Different than Address Above			
37413 EIK RD Kilgur, NE 69216		mage.	
Reasons for Requested Reasons	Sessment Due To Significant Dat Damage Occurred to:		
te of Damage	Land Buildings		
April 11-13, 2023			
nificant Damage Due to:	Iral Disaster, Specify		
Flood Fire Tornado Earthquake Other Naturescribe the significant damage, as defined in the instructions. Bured frees, grass; and ferce. loss of replaced. Pine and deciduos frees to	- (²⁾ -	A Contrait	have the
escribe the significant damage, as defined in the inclusion of the 1055 of	I use for a year a	not ferres	albehalte
Buned thes grass, and percent	stal loss along with	secen sr	encicity
replaced. Prine and deciduos into it	<u> </u>		
Attach Supporting Documents: Include any photographs, reports, dan	nage estimates, repair estimates, insur	ance documents, or	other documents
you wish to be considered by the county board of equalization in mak	ing any adjustment in value.	······································	
			1 20 22
sign Kaller Vie Mar Trank	1/ Jack blas		6-28-23
here Signature of Reison Filing the Report of Destroyed Real Property	<u> </u>		Date
	d of Equalization Use Only		
Significant damage must exceed 20% of the	current assessed value as defined	In the instructions.	
Significant damage must exceed 20% of the		Partially Granted	Denied
		ssessment Value	
Current Year Assessed Value		ssessment value	
and	Land		
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	4 Equalization Certification		
	of Equalization Certification	king any adjustments o	ue to significant property
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The county board of equalization has verified the current year ass damage and certifies that any adjustment to value on this report h Signature of County Board of Equalization Chairperson			Date
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The county board of equalization has verified the current year ass damage and certifies that any adjustment to value on this report to Signature of County Board of Equalization Chairperson County Date the Report was Heard Date of the Decision	y Clerk Certification	Notice of Decision was	Date Mailed to Property Owner
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Damage Country Sessor and Back out it is Damage Country of an or after damage 's and prove dury is on call it is instructions. 44.2 Back out it is Significant demage must access of the instructions. 44.2 Name and Mailing Address of Person Filling Report Coarting Name Filled L12.8 2 Image Country Back on the instructions. Address of the instructions. Filled L12.8 2 Image Country Back on the instructions. Address of the instructions. Filled L12.8 2 Image Country Back on the instructions. Address of the instructions. Filled L12.8 2 Image Country Back on the instructions. Address of the instructions. Filled L12.8 2 Image Country Back on the instructions. Address of the instructions. Filled L12.8 2 Diageona the instructions. Filled L12.8 Filled L12.8	File with the	Report of Destroy	ed Real Prop	erty	FORM
Debulling Address of Person Filling Report Country Name Price L12.5 a The Kapiski & Tohmson Data Detailing Address Detailing Address Proceeding Address	ounty Assessor and County Clerk on or	Damage Occurring on or after Januar	y 1 and before July 1 of int assessed value as defir		425
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Signature of County Clerk Date	▶.				Date

Nebraska Department of Revenue 96-329-2019 Rev. 11-2020

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ounty Assessor and Damage Occul County Clerk on or Significant damage mus	et exceed 20% of the curren	1 02262260 40100 00 0011	ned in the instructions.	460
Before July 15	One parcer	County Name	Filed	1 1 - 02 12
Name and Mailing Address of Perso	on Filing Report	Cherry		le 28_20_23
Me Kaleiki & Tohnson I	. A Í	Destroyed Report Number (O	ptional for County Use Only)	25.23-07
eet or Other Malling Address		Descriptio	on and Location of the	Property
39650 Park LN		Comple	te a separate report for each	parcel.
y, Town, or Post Office State	Zip Code	Property ID Number		
Valentire NE	69201	Legal Description of the Rea	Property (For Example, Lot, B	lock, Addition, City Name,
one Number 402 - 322 - 1718		Section, Township, Range)		
nail Address			9	
johnson 69219 @ yahou.	(0.M	20-33-3	4	
us Address of Property, if Different than Address Above	, NE 69216			
37413 EIK KD KIGOR	for Requested Reasses	sment Due To Significa	nt Damage.	
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you wish to be considered by the county board	rd of equalization in making a			
sign V clask f		a , \\2		6-28-23
	Jac by	lang palmi		Date
here Signature of Person Filing the Report of				
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Signature of County Board of Equaliz	ation Chairperson			Date
		erk Certification		
Design the Design theory	Date of the Decision		Date Notice of Decision was	Mailed to Property Owner
Date the Report was Heard				
The undersigned certifies that a cop	y of this request for reassessmen	t and the action of the county b	poard of equalization has been	provided to the county
assessor and has been mailed to the	e person filing this report at the al	bove-shown address on		
			*	
Signature of County Clerk				Date
Signature of Country Clerk				Authorized by Neb. Rev. Stat. § 7

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	ort of Destroy(urring on or after January			425
County Clerk on or Significant damage Mi	urring on or after January ust exceed 20% of the curren One parcel	1 0000000 10100 000	ed in the instructions.	760
Before July 15	One parcer	County Name	Filed	6/29 - 23
Name and Mailing Address of Pers	son Finny Report	Cherry)	6122 20 23
me Krajeski & Tohnson	Inc	Destroyed Report Number (O		425-23-08
eet or Other Mailing Address		Descriptio	on and Location of the te a separate report for each	ch parcel.
39650 Park LN	Zip Code	Property ID Number		
y, Town, or Post Office State	69201	16002829	9	Directo Addition City Name
one Number		Legal Description of the Real Section, Township, Range)	Property (For Example, Lot	, Block, Addition, City Name,
402-322-1718			2.71	
nail Address		SE 1/4 19-3	171	
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us Address of Property, if Different than Address Above 37413 EIK RN Kilgo	r, NE 69216			
Provide Reason	s for Requested Reassess	ment Due To Significa	nt Damage.	
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April 11-13, 7.023		Land Buil		
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eign V i. M		a " \ 12		6-28-23
sign Kaleslig H	Jac by 1	love plus		Date
Signature of Person Filing the Report	of Destroyed Real Property			
	For County Board of	Equalization Use Only	fined in the instruction	IS.
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damage and certilies that any adjust	•••••••••••			
	n dia Ohaimanan			Date
Signature of County Board of Equa				
		erk Certification	Date Notice of Decision W	as Mailed to Property Owner
Date the Report was Heard	Date of the Decision			
-		t and the action of the county t	opard of equalization has be	en provided to the county
The undersigned certifies that a co	opy of this request for reassessmen the person filing this report at the a	bove-shown address on		, 20
assessor and has been mailed to	The berson many and report at the a			
`				Date

	travad Daal Dra	nortu	FORM
	troyed Real Pro	or current tear	425
County Clerk on or in stanificant damage must exceed 20% of the	ne current assessed value as u	fined in the instructions.	423
Before July 15 Off	e parcer per ionin.	Filed	
Name and Mailing Address of Person Filing Report	County Name		28 20 23
10	I I'WZAYV	r (Optional for County Use Only)	
Krajeski & Johnson Inc			425-23-09
et or Other Mailing Address	Descrip	tion and Location of the plete a separate report for each	parcel.
39650 Park LN	Code Property ID Number	Siete a coparate report	
IOWN, OF POST ONICE	201 160028078	š	
Valuente	Legal Description of the F	eal Property (For Example, Lot, E	Block, Addition, City Name,
Number 462 - 322 - 1718			
Address	N/4 N/25W	¹ / ₁₄ , 19-33-3	
johnson 69219@ yaho. com	10121		
s Address of Property, if Different than Address Above			
27012 FIX PN KIGGE NE 6971	6	1 (1)	
Reasons for Requested R	eassessment Due To Signifi	cant Damage.	
e of Damage	Damage Occurred to:	Buildings	
April 11-13, 7.023			
nificant Damage Due to:	Network Dissetor Specify		•
Flood Fire Tornado Earthquake Other	r Natural Disaster, Specify		a a (
Flood Where Tornado Hearinguake Other scribe the significant damage, as defined in the instructions. Buned frees, grass; and fence. loss replaced. Prine and deciduos frees	I de for a vi	ear and fences.	have to be
Runed trees, yras, and fence. Tos		with cederal St	elk/belts
applaced Dyne and deciduos trees	total loss arong		
replace. prices des s			
		tes insurance documents of	r other documents
Attach Supporting Documents: Include any photographs, reports	, damage estimates, repair estimates, repair estimates, repair estimates, repair estimates, repair estimates, r	tes, insurance documents, or	
you wish to be considered by the county board of equalization in	making any adjustment in value.		
aign (i) = 1			1
sign Kaleskie Mar Tar	y lack plan		<u>6-28-23</u>
here Signature of Person Filing the Report of Destroyed Real Prop	erty		
Eor County E	Board of Equalization Use Or	ily	
Significant damage must exceed 20% o	of the current assessed value as	defined in the instructions.	•
	Granted	Partially Granted	
		Reassessment Value	
Current Year Assessed Value	Land		
and	Land		
	Buildings		
uildings	2		
	Total		
otal			
Comments:			
	d of Equalization Cortificat	00	
County Board of equalization has verified the current yes	rd of Equalization Certificat	orior to making any adjustments c	due to significant property
The county board of equalization has verified the current yes damage and certifies that any adjustment to value on this re	port has been made to destroyed real	property only.	
Damage and Cermics and any dejection			
Δ			Date
Signature of County Board of Equalization Chairperson			
Co	unty Clerk Certification		Mailed to Descent : Owner
Date of the Degie		Date Notice of Decision was	mailed to Property Owner
Date the Report was reald			
The undersigned certifies that a copy of this request for rea	assessment and the action of the count	y board of equalization has been	provided to the county
assessor and has been mailed to the person filing this repo	ort at the above-shown address on		, ∠∪
2000001 and 120 0001 manee to be part of			
N			Date
Signature of County Clerk			
-			

File with the Report bunty Assessor and Damage Occurring county Clerk on or Significant damage must ex	of Destroyed g on or after January 1 a ceed 20% of the current as One parcel per	sessed value as defir		form 425
Before July 15 Name and Mailing Address of Person F	One parcer per	unty Name		128 20 23
ne (,		Cherry		
"Krajeski & Tohnson Inc	Des	stroyed Report Number (O		25-23-10
eet or Other Mailing Address		Descriptio	on and Location of the te a separate report for each	Property parcel.
39650 Park LN State	Zip Code Pro	operty ID Number	le a separate report to out	
, Town, or Post Office State	16201	160020124		City Nomo
ne Number 462 - 322 - 1718 ail Address JOMNSSA 69219 & V/Lhw. (c) re Address of Property, if Different than Address Above		$W_{2}^{\text{locion, Township, Hange)}}$	Property (For Example, Lot, E $= \frac{1}{2}$ NW ¹ /4, NW ¹ /4 33-32	$Nw^{1}4, 5E^{1}4$
$2 - 1/2 \subseteq 1/2 \otimes 1/2 \otimes 1/2 \otimes 1/2$	VE 69216			
Reasons for	Requested Reassessme	ent Due To Significa		
te of Damage	Da	amage Occurred to:	dings	
April 11-13, 2023				
gnificant Damage Due to: Flood K Fire Tornado Earthquak	e Other Natural Disast	er, Specify		
Flood Pifire Tornado Earthquak escribe the significant damage, as defined in the instructions. Bured frees grass; and fer replaced. Pine and decidu				
Attach Supporting Documents: Include any photo you wish to be considered by the county board of	graphs, reports, damage esti	imates, repair estimate	s, insurance documents, or	other documents
sign here Signature of Ferson Filing the Report of Des	troyed Real Property	e phi		<u>6-28-23</u> Date
	For County Board of Eq exceed 20% of the current	assessed value as d	efined in the instructions	
Significant damage must		Granted	Partially Granted	Denied
			Reassessment Value	
Current Year Assessed Value	; 	Land		
and				
Buildings		Buildings		
		Total		
Total			· · · · · · · · · · · · · · · · · · ·	
Comments:				
The county board of equalization has verif	County Board of Equal	lue of the real property pri	or to making any adjustments of	lue to significant property
The county board of equalization has verified damage and certifies that any adjustment	to value on this report has been i	made to destroyed real pro	operty only.	
Signature of County Board of Equalization	Chairperson			Date
, Ggilatero el contro portante a	County Clerk	Certification		
	Date of the Decision		Date Notice of Decision was	Mailed to Property Owner
Date the Report was Reard	his request for reassessment and	d the action of the county l	board of equalization has been	provided to the county, 20
The undersigned certifies that a copy of a assessor and has been mailed to the per	son tiling this report at the above			
`				Date
Signature of County Clerk				Date Authorized by Neb. Rev. Stat. §

File with the Report of Destro	ved Real Proi	perty	FORM
unty Assessor and Damage Occurring on or after Janua	nmi 1 and hainre		425
Before July 15 One part Name and Mailing Address of Person Filing Report	County Name	Filed	6/28 23
	Cherry		<u>UTUU</u> ,20 <u></u> UJ
Rejeski & Johnson Inc	Destroyed Report Number	•	25-23-11 Property
set or Other Mailing Address	Com	tion and Location of the lete a separate report for each	parcel.
39650 Pask LN Town of Post Office State Zip Code	Property ID Number		
, Town, or Post Office State Zip Code	160026459	3	In the Addition City Name
Done Number	Legal Description of the Re Section, Township, Range	eal Property (For Example, Lot, E	Block, Addition, City Name,
402-322-1718			
What a 692190 value. Com	W1/2NW1/4	18-33-31	
us Address of Property, if Different than Address Above			
37413 EIK RD Kilgur, NE 69216	Due To Signific	ant Damage	
Reasons for Requested Reasons	Damage Occurred to:		
te of Damage		uildings	
April 11-13, 2023			
gnificant Damage Due to:	al Disaster, Specify		
Flood Hire Tornado Eartinguake Outer Nature escribe the significant damage, as defined in the instructions. Buned frees, grass; and fence. loss or replaced. Prine and deciduos frees to	c p	A C	have to be
iscribe the significant barraye, as defined in the new bolicity in the loss of	use for a ye	cara terres	Hour Tobe
Buned trees, grass, and revice. Tous	to his along a	with sederal SI	with the its
replaced. Dine and deciduos trees to	i in the second second	-	
1 Cplatent 11			
Attach Supporting Documents: Include any photographs, reports, dama	ane estimates renair estima	tes, insurance documents, o	other documents
Attach Supporting Documents: Include any photographs, reports, dama you wish to be considered by the county board of equalization in makir	ng any adjustment in value.	•	
you wish to be considered by the county board of equalization in mater	N		
sign Kanker W Tan kel	M NL		6-28-23
	1 louge palme		Date
here Signature of Person Filing the Report of Destroyed Real Property			
For County Board	of Equalization Use On	ly	
Significant damage must exceed 20% of the o	current assessed value as	defined in the instructions	·
	Granted	Partially Grante	
		Reassessment Value	
Current Year Assessed Value	Land		
and			
	Buildings		
Buildings	-		
	Total		
Total			
Commonte			
Comments:			
As wells Baard of	Equalization Certificati	on	
	cood value of the real property i	prior to making any adjustments of	due to significant property
The county board of equalization has verified the current year asse damage and certifies that any adjustment to value on this report ha	s been made to destroyed real	property only.	
Udillayo and contines that any appointent a			
			Date
Signature of County Board of Equalization Chairperson			
County	Clerk Certification		
Data of the Decision		Date Notice of Decision was	Mailed to Property Owner
Date the Report was Heard			
The undersigned certifies that a copy of this request for reassess	nent and the action of the count	y board of equalization has been	provided to the county
The undersigned certifies that a copy of this request for reassessing assessor and has been mailed to the person filing this report at the	e above-shown address on		, 20
assessor and has been malled to the person haing this report at the			
		· · · · · · · · · · · · · · · · · · ·	Date
			24.0
Signature of County Clerk			

Nebraska Department of Revenue 96-329-2019 Rev. 11-2020

File with the Report of Destroy	ieq real pive	Jerty	FORM
	mr 1 and hatara .iiiiV 1 (n Chrieni teal	425
ounty Clerk on or Significant damage must exceed 20% or the curre	ent assessed value as det el per form.	ined in the instructions.	
Name and Mailing Address of Person Filing Report	County Name	Filed	16 72
	Cherry		26 20 3
Realeski & Tohnson Inc	Destroyed Report Number (Optional for County Use Only)	5-23-12
et or Other Mailing Address	Descript	ion and Location of the P	roperty
39650 Park LN	Comp	lete a separate report for each p	arcel.
Zip Code Zip Code	Property ID Number		
Valentino NE 69201	60028051	The second se	ale Addition City Name
one Number	Legal Description of the Re Section, Township, Range)	al Property (For Example, Lot, Blo	ck, Addition, City Name,
407-322-1718	Secuon, Township, Hange/		
ail Address	10 77 71		
Johnson 69219 @ yaho. Com	- 18-33-31		
Is Address of Property, if Different than Address Above			
37413 EIK RD Kilgor, NE 69216	Duo To Signific	ant Damage.	
Reasons for Requested Reasses	Damage Occurred to:		
te of Damage		uildings	
April 11-13, 2023			
nificant Damage Due to:	Disaster, Specify		
Flood Fire Tornado Earthquake Other Natural scribe the significant damage, as defined in the instructions. Buned frees, grass; and fence. loss of replaced. Pine and deciduos frees to		A C 1.	
scribe the significant damage, as defined in the instructions.	use for a ye	ar and terres h	ave to be
Buned trees, grass, and Februe. The	be his along 2	with sevent she	1Kr WHS
replaced. Pine and deciduos Thes to	ja roje i		
Attach Supporting Documents: Include any photographs, reports, damag	re estimates, repair estimat	es, insurance documents, or o	ther documents
Attach Supporting Documents: include any photographs, reports, during you wish to be considered by the county board of equalization in making	any adjustment in value.		
you wish to be considered by the county source and the			
sign V is M = L	4,12		6-28-23
have Naka & Maa fac y	Mark phan		<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property	Mark John		<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property	Moule And	y	<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property	Moule And	letined in the instructions.	Date
here Signature of Person Filing the Report of Destroyed Real Property	Moule And	Partially Granted	<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu	Moute And	letined in the instructions.	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value	Moute And	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value	Grade Granted	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value	Grade Granted	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value	Mark Alue as a contract of Equalization Use Only and the second s	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings	Mark Alue as a contract of Equalization Use Only and the second s	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings	Grade Annualization Use Only of Equalization Use Only Intrent assessed value as of Granted Land Buildings	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings	Grade Annualization Use Only of Equalization Use Only Intrent assessed value as of Granted Land Buildings	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings	Grade Annualization Use Only of Equalization Use Only Intrent assessed value as of Granted Land Buildings	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings	Grade Annualization Use Only of Equalization Use Only Intrent assessed value as of Granted Land Buildings	Partially Granted	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings Total	Market Market of Equalization Use Only irrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings Fotal Comments:	Gradization Use Only Intrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings Fotal Comments: County Board of E	Gradization Use Only Intrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings Fotal	Gradization Use Only Intrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value	Date
Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the current Year Assessed Value Current Year Assessed Value and Buildings Fotal Comments: County Board of E The county board of equalization has verified the current year assess damage and certifies that any adjustment to value on this report has	Gradization Use Only Intrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value	Date
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings Fotal Comments:	Gradization Use Only Intrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value	Date
Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the current Year Assessed Value .and Buildings Total Comments: County Board of Equalization has verified the current year assess damage and certifies that any adjustment to value on this report has Signature of County Board of Equalization Chairperson	Grade Internet assessed value as of the second value as of the second value as of the second value of the real property processed value of the real property problem made to destroyed real property problem made to destroyed real property processed value of the real property problem made to destroyed real property problem made to destroyed real property processed value of the real property problem made to destroyed real property processed value of the real proces value of the real processed value of the r	Partially Granted Reassessment Value	Date
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For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value and Buildings Total Comments: County Board of E The county board of equalization has verified the current year assess damage and certifies that any adjustment to value on this report has Signature of County Board of Equalization Chairperson County C Date the Report was Heard Date of the Decision	Marken Annual of Equalization Use Only irrent assessed value as of Granted Land Buildings Total	Partially Granted Reassessment Value Non Tior to making any adjustments due Toperty only. Date Notice of Decision was Ma	Date Date Denied Denied Denied Denied Denied Denied Denied Denied
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upty Accessor and Demore Occurring on or after Janua	ry 1 and before July 1 of Current Year	FORM 425
Damage Occurring on or aner canda bunty Clerk on or Before July 15 Damage must exceed 20% of the curr One parce	per form.	
Name and Mailing Address of Person Filing Report	County Name Filed	4128 2023
	T Cherry 1_	
Krajeski & Tohnson Inc	Destroyed Report Number (Optional for County Use	only) 425-23-13
et or Other Mailing Address	Description and Locatio	n of the Property
39650 Park LN	Complete a separate repor	t for each parcel.
, Town, or Post Office State Zip Code	Property ID Number	
Valentine NE 69201	160028043	
ne Number	Legal Description of the Real Property (For Exam Section, Township, Range)	nple, Lot, Block, Addition, City Name,
402-322-1718	Section, township, hange)	
ail Address	17-33-31	
johnson 69219@ vahos. com		
is Address of Property, if Different than Address Above		
27412 FIKRN Kilone, NE 69216		
Reasons for Requested Reasse	ssment Due To Significant Damage	
te of Damage	Damage Occurred to:	
April 11-13, 7.023	Land Buildings	
phificant Damage Due to:		
The state Texts Other Natural	Disaster, Specify	
Scribe the significant damage, as defined in the instructions. Buned frees, grows, and fence. loss of replaced. Pine and deciduos frees to	al loss along with seven	al shelterbelts
Attach Supporting Documents: Include any photographs, reports, damage	e estimates, repair estimates, insurance docur any adjustment in value.	ments, or other documents
you wish to be considered by the county board of equalization in making	1	
aign (1) + 1	· · · //	
		1-20-22
	lange plan	<u>6-28-23</u>
here Signature of Person Filing the Report of Destroyed Real Property	loute phu	<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property	f Equalization Use Only	<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property	f Equalization Use Only rrent assessed value as defined in the instr	<u>6-28-23</u> Date
here Signature of Person Filing the Report of Destroyed Real Property	rrent assessed value as defined in the instr	
here Signature of Person Filing the Report of Destroyed Real Property	rrent assessed value as defined in the instr Granted Partially	Granted Denied
here Signature of Person Filing the Report of Destroyed Real Property	rrent assessed value as defined in the instr Granted Partially Reassessment	Granted Denied
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value	rrent assessed value as defined in the instr Granted Partially	Granted Denied
here Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the cu Current Year Assessed Value	rrent assessed value as defined in the instr Granted Partially Reassessment Land	Granted Denied
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Signature of Person Filing the Report of Destroyed Real Property For County Board of Significant damage must exceed 20% of the current Year Assessed Value Current Year Assessed Value and Buildings Ind County Board of Education Significant damage must exceed 20% of the current Year Assessed Value and County Board of Education and County Board of Education Solution County Board of Education The county board of equalization has verified the current year assess damage and certifies that any adjustment to value on this report has	rrent assessed value as defined in the instr Granted Partially Reassessment Land Buildings Total qualization Certification ed value of the real property prior to making any adju	/ Granted Denied
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