



# **North Brevard County Hospital District**

**Independent Auditor's Report, Financial Statements,  
and Supplementary Information**

September 30, 2024



# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## TABLE OF CONTENTS

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	<b>Page</b>
INDEPENDENT AUDITOR'S REPORT	1 - 3
MANAGEMENT'S DISCUSSION AND ANALYSIS	4 - 9
BASIC FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2023:	
Statement of Net Position	10 - 11
Statement of Revenues, Expenses, and Changes in Net Position	12
Statement of Cash Flows	13 - 14
Statement of Fiduciary Net Position – Pension Trust Fund	15
Statement of Changes in Fiduciary Net Position – Pension Trust Fund	16
Notes to Basic Financial Statements	17 - 38
REQUIRED SUPPLEMENTARY INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2024:	
Unaudited Schedule of Changes in Net Pension Asset and Related Ratios	39
Unaudited Schedule of Pension Contributions	40
Unaudited Schedule of Investment Returns	41
Unaudited Schedule of Changes in the Sponsor's Total OPEB Liability and Related Ratios	42
Notes to Required Supplementary Information (Unaudited)	43 - 48
OTHER SUPPLEMENTARY INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2024:	
Consolidating Statement of Net Position	49 - 50
Consolidating Statement of Revenues, Expenses, and Changes in Net Position	51
OTHER REPORT:	
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	52 - 53

## Independent Auditor's Report

Board of Directors and Audit Committee  
North Brevard County Hospital District  
Titusville, Florida

### ***Opinion***

We have audited the accompanying financial statements of the business-type activities and the fiduciary activities of North Brevard County Hospital District (the "District"), including North Brevard Medical Support, Inc. ("NBMS") (a blended component unit of the District), as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, accompanying the financial statements present fairly, in all material respects, the respective financial position of the business-type activities and the fiduciary activities of the District as of September 30, 2024, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

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

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

### ***Other Matters***

#### ***Required Supplementary Information and Other Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and required supplementary information, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting, placing the basic financial statements in an appropriate operational, economic, or historical context. Additionally, management has elected to include other supplementary information as listed in the table of contents. This information is the responsibility of the District's management. We have applied certain limited procedures to the management's discussion and analysis, required supplementary information, and other supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

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

In accordance with *Government Auditing Standards*, we have also issued our report, dated January 20, 2025, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance, and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

**Forvis Mazars, LLP**

Tampa, Florida  
January 20, 2025

## MANAGEMENT’S DISCUSSION AND ANALYSIS

### INTRODUCTION

This section of the North Brevard County Hospital District’s (the “District”) annual financial report presents background information and our analysis of the District’s financial performance as of September 30, 2024 and for the year then ended. It is intended to be read in conjunction with the District’s financial statements, which follow this section.

The North Brevard County Hospital District d/b/a Parrish Medical Center (“PMC”) was founded in 1958. The medical center is named after the late Senator Jesse J. Parrish Sr. whose family made two major land donations upon which the original 28-bed hospital was built. In 2002, the District replaced the former hospital with its current 371,000-square-foot acute hospital located just miles from the launch towers of Kennedy Space Center. The District<sup>1</sup> includes PMC and its affiliates and component units, as described in Note 1 to the financial statements. The District has the power to levy taxes in support of its mission, but has a legacy of providing affordable health care without taxing for more than 30 years. During the year ended September 30, 2024, PMC and its affiliates provided more than \$28.8 million in community charity care and other uncompensated care with no tax levy.

The District’s service area extends from the Beach Line (SR 528) in the south to the Volusia County line in the north, and from the Atlantic coast in the east to the Orange and Seminole County lines in the west. The District owns and operates one inpatient hospital facility in Titusville, Florida and is licensed by the Agency for Health Care Administration (“AHCA”) to operate 208 beds, as well as outpatient service locations including Parrish Healthcare Centers, Port St. John, Port Canaveral, and Titusville; Parrish Occupational Medical Services, Titusville; Parrish Home Care, Titusville and Port St. John; Parrish Senior Consultation Center, Titusville; Parrish Cancer Center, Titusville; Parrish Infusion Center, Titusville; and Parrish Wound Healing Centers, and Titusville.

### OVERVIEW OF THE FINANCIAL STATEMENTS

This annual financial report includes the independent auditor’s report, management’s discussion and analysis, and the basic financial statements of the District. It also includes additional supplementary information required by Governmental Accounting Standards and other supplementary information presented for the purpose of additional analysis of the financial statements. The basic financial statements are intended to describe the net position, results of operations, sources and uses of cash, and the capital structure of the District. Fiduciary fund statements for the pension trust fund, which was terminated on October 1, 2023, are also provided as part of the basic financial statements. The basic financial statements include notes providing detailed information for select accounts and transactions.

Schedules of consolidating net position and revenues, expenses, and changes in net position are included as additional (supplementary) information.

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<sup>1</sup> As further described in Note 1 to the financial statements, the District is an independent special tax district, created and incorporated as a political subdivision of the state, for the purpose of establishing, constructing, equipping, operating and maintaining, repairing, or leasing a hospital or hospitals. The District has the power to establish, construct, operate, and maintain such hospitals, medical facilities, and health care facilities and services for the preservation of the public health and welfare of the District and the inhabitants thereof; the power to enter into contracts; borrow money; establish for-profit and not-for-profit corporations; the power to acquire, purchase, hold, lease, and convey real and personal property.

## NET POSITION AND CHANGES IN NET POSITION

Net position is an indicator of the financial health of an organization. Increases in net position over time indicate that the financial condition is improving, while decreases in net position over time signify a declining financial condition. A comparative summary of the financial condition of the District as of September 30, 2024 and 2023 is presented below.

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

	<u>September 30,</u>	
	<u>2024</u>	<u>2023</u>
Current assets	\$ 91,001	\$ 67,254
Other assets	88,512	120,679
Deferred outflows	<u>8,628</u>	<u>25,645</u>
Total assets and deferred outflows	<u>\$ 188,141</u>	<u>\$ 213,578</u>
Current liabilities	\$ 49,106	\$ 55,793
Non-current liabilities	90,307	96,462
Deferred inflows	<u>-</u>	<u>9,222</u>
Total liabilities and deferred inflows	139,413	161,477
Investment in capital assets, net of related debt	(20,450)	(27,718)
Restricted net position	186	195
Restricted for debt service	1,127	1,119
Unrestricted net position	<u>67,865</u>	<u>78,505</u>
Total net position	<u>48,728</u>	<u>52,101</u>
Total liabilities, deferred inflows and net position	<u>\$ 188,141</u>	<u>\$ 213,578</u>

The statement of revenues, expenses, and changes in net position measures the annual operating success of the organization and can be used to determine whether costs have been recovered through operating revenue sources. The following is a comparative summary of the operations of the District.

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

	<b>Years Ended September 30,</b>	
	<b>2024</b>	<b>2023</b>
Operating revenue	\$ 166,799	\$ 142,558
Operating expenses	(152,267)	(144,256)
Income (loss) from operations	14,532	(1,698)
Non-operating revenue (expenses), net	(9,049)	(21,091)
Special item - gain (loss)	(8,856)	-
Change in net position	\$ (3,373)	\$ (22,789)

**MANAGEMENT'S DISCUSSION OF RECENT FINANCIAL PERFORMANCE**

Current assets increased by \$23.7 million from fiscal year 2023 primarily due to a net increase in cash and investments of \$7.8 million, net patient accounts receivable of \$2.9 million, and an increase of prepaid expenses and other assets of \$13.1 million. Other assets decreased from September 30, 2023 by \$32.2 million, primarily due to a decrease of funded depreciation of \$11.5 million, net pension asset of \$16.0 million, right-to-use and subscription-based assets of \$3.3 million, and capital assets of \$1.4 million, respectively.

Total liabilities and deferred inflows decreased by \$22.1 million from September 30, 2023. Current liabilities decreased by \$6.7 million from fiscal year 2023, primarily due to paying off the line of credit for \$6.5 million. Non-current liabilities decreased by \$6.2 million primarily due to a decrease of long-term debt of \$2.9 million, decrease in long-term lease and subscription-based assets of \$3.1 million, and decrease in accrued medical malpractice and other post-employment benefits of \$0.3 million, respectively. Deferred inflows decreased by \$9.2 million due to termination of the pension plan and related obligations.

The net position at September 30, 2024 was \$48.7 million, a decrease of \$3.4 million from 2023 consisting of an operating income of \$14.5 million and non-operating loss of \$9.0 million and a special item loss due from terminating the defined benefit pension plan of \$8.9 million.

## Revenues

Operating revenues were \$24 million more than the prior year, primarily due to improvements in payor mix, the types of admissions, and outpatient services growth.

### Parrish Medical Center Utilization Statistics

	Years Ended September 30,	
	2024	2023
Inpatient admissions	4,427	4,426
Patient days	25,327	21,621
Total outpatient visits	84,732	82,029
Observation discharges	2,790	2,617

## Operating Expenses

Total operating expenses increased by approximately \$8.0 million in fiscal year 2024 compared to fiscal year 2023, primarily due to an increase in salaries and wages and employee benefits of \$4.2 million, med-surg supplies of \$2.0 million, \$1.9 million of professional fees and contract services, and a decrease in other expenses.

## Non-operating Revenues, Expenses, Gains and Losses and Special (Losses)

Non-operating revenues (expenses), net received \$5.0 million from Health First Settlement in non-operating revenue, decreased physician practice income and expenses by \$5.0 million, and \$2.1 million increase in other non-operating revenue for a total improvement of \$12.1 million from fiscal year 2023

Special (Loss) of \$8.9 million was related to the termination of the pension plan.

## KEY FINANCIAL INDICATORS

The following represents a summary of key financial indicators of the District.

### Key Financial Indicators

	Years Ended September 30,	
	2024	2023
Total margin	-1.7%	-13.4%
EBITDA margin	5.9%	-4.7%
Days cash on hand <sup>2</sup>	127	104
Unrestricted cash to long-term debt	81.5%	58.4%
Long-term debt to capitalization	61.6%	62.2%
Total net patient service revenue, before provision for bad debts (in millions)	\$186	\$152

The total margin improved to -1.7% from -13.4% and EBITDA margin improved to 5.9% from -4.7% in 2023, primarily due to increases in patient volume and investment income offset by increase in operating expenses due to inflationary pressure. Total net patient service revenue, before provision for bad debts, increased \$34.5 million from 2023.

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<sup>2</sup> Indicator computed using operating and non-operating expense per day.

## RISK FACTORS –

The health care industry is highly dependent on several factors that could have a significant effect on the future operations and financial condition of the District. These factors include, but are not limited to, competition, state and federal regulatory authorities, Medicare and Medicaid laws and regulations, health care reform initiatives, environmental laws, advances in technology, changes in demand for health care services, demographic changes, and managed care contract terms and conditions.

As of the date of this report, the following known facts, decisions, or conditions may have a significant effect on net position or the results of operations:

- Salaries in the health care industry continue to be very competitive due to increased costs of attracting and retaining quality physicians, registered nurses, and other health care professionals. The combination of a national shortage in key positions, including registered nurses, and the lingering impact the COVID-19 pandemic has had on attracting and retaining clinical staff more difficult and has caused health care providers, including the District, to utilize contracted clinical services, resulting in increased costs. During the year ended September 30, 2024, the District has decreased costs for internal clinical staffing and contract labor and services to \$5.9 million.
- Rising rates of inflation and interest could result in increased costs that may not be offset by increases in Medicare, Medicaid, commercial and other payor rates.
- The bankruptcy and subsequent sale of a few local Brevard county hospitals may lead to greater competition and lower patient volumes and revenues.
- Viral infections, such as Respiratory Syncytial Virus Infection (“RSV”) or new public health emergencies, could affect the District’s ability to maintain clinical staffing levels and provide services.
- Hurricanes, tropical storms, and other severe weather events could impact the ability of the District to provide services and could result in increased costs and a negative local economic impact.
- The laws and regulations governing the Medicare and Medicaid programs are complex and subject to change. As such, changes to these programs could have a negative effect on the financial performance of the PMC. Audits of hospital compliance with Medicare and Medicaid program laws and regulations present exposure for repayments, and fines and penalties.
- Federal and State initiatives:
  - The State of Florida has not approved Medicaid expansion which has constrained available state funding.
  - Federal legislative efforts, both directly and via tax reform, could significantly reduce access to individual insurance coverage currently provided under Federal programs.
  - The State of Florida Low Income Pool (“LIP”) Program has been extended to June 30, 2030. Payments from the LIP program have been limited to the cost of charity care services provided, meaning that LIP funds are not available to offset Medicaid costs in excess of Medicaid payments.
  - Medicaid special payment programs that began during fiscal year 2021, Hospital Directed Payment Program and Physician Directed Payment Program, designed to offset (but not eliminate) Medicaid costs in excess of Medicaid payments, could result in DSH and LIP cost limits to be exceeded and amounts being paid back in the future.
  - The Federal Affordable Care Act (“ACA”) enacted in March 2010, includes reduction in Medicaid disproportionate share funding of \$4 billion in 2020 (which was delayed due to the COVID-19 pandemic) and \$8 billion each year from 2021 to 2025, which could reduce payments to PMC unless the cuts are further delayed by Congress. In addition, the “Build Back Better Act,” adopted by the House of Representatives in November 2021 with support of President Biden, includes provisions that could further reduce Medicaid disproportionate share funding.
  - The Statutory Pay-As-You-Go-Act of 2010 will cause a 4% reduction in Medicare spending, including payments to hospitals, in 2025, unless Congress waives payment cuts.

- The Centers for Medicare & Medicaid Services (“CMS”) revised the regulations on the counting of Medicaid days in the disproportionate share hospital (“DSH”) calculation associated with certain section 1115 demonstrations. These changes are effective for patients discharged on or after October 1, 2023. As a result, providers will no longer be able to claim certain days associated with section 1115 waiver demonstrations. The rule will reduce Medicare DSH payments for hospitals and could impact a hospitals’ Medicare DSH and uncompensated care qualifications or 340B program qualification. CMS estimates that excluding these days may result in a \$348 million annual reduction in the Medicare DSH payments to those impacted providers. CMS also acknowledges that the estimate is uncertain and the actual impact may be higher or lower.
- CARES Act Provider Relief Funds received continues to be subjected to audit reviews and recoupment if applicable.
- Bundled payments and value-based payment initiatives of the Medicare program may reduce net payments received by PMC.

The uncertainties listed above may adversely impact future operating results and financial position. The estimated effects of these matters have been considered in the development of the fiscal year 2025 PMC operating budget.

#### CONTACTING THE DISTRICT’S FINANCIAL MANAGER

This financial report is intended to provide our citizens, customers, and creditors with a general overview of the District’s finances and to demonstrate the District’s accountability for its funding. If you have any questions about this report or need additional financial information, please contact the District’s Finance Department at 951 North Washington Avenue, Titusville, Florida 32796.

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF NET POSITION SEPTEMBER 30, 2024

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### ASSETS

#### CURRENT ASSETS:

Cash and cash equivalents	\$	21,957,065
Investments		22,787,532
Restricted assets - held by trustee and required for current liabilities		1,127,014
Patient accounts receivable - net of estimated uncollectibles of \$12,520,367		19,180,983
Supplies		2,605,393
Prepaid expenses and other assets		23,343,496
Total current assets		91,001,483

#### OTHER ASSETS:

Funded depreciation		17,561,299
Deposits and other assets		2,739,674
Temporarily donor-restricted funds		185,733
Capital assets, net		48,564,895
Right-to-use and subscription-based assets		19,460,089
Total other assets		88,511,690

Total assets 179,513,173

#### DEFERRED OUTFLOWS:

Series 2008 Bond refunding		8,628,370
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TOTAL ASSETS AND DEFERRED OUTFLOWS \$ 188,141,543

*(Continued)*

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF NET POSITION SEPTEMBER 30, 2024

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### LIABILITIES, DEFERRED INFLOWS, AND NET POSITION

#### CURRENT LIABILITIES:

Accounts payable	\$	28,491,889
Accrued health insurance and workers' compensation		2,041,335
Accrued salaries and personal leave time		7,689,453
Other current liabilities		2,489,471
Estimated third-party settlements		1,001,861
Current portion of long-term debt		2,930,000
Current portion of long-term lease and subscription-based obligations		4,462,263
Total current liabilities		<u>49,106,272</u>

#### NON-CURRENT LIABILITIES:

Accrued medical malpractice		336,861
Accrued other post-employment benefits		-
Other non-current liabilities		259,060
Long-term debt, net of current portion		73,524,000
Long-term lease and subscription-based obligations, net of current portion		16,186,977
Total non-current liabilities		<u>90,306,898</u>
Total liabilities		<u>139,413,170</u>

#### NET POSITION:

Investment in capital assets, net of related debt		(20,449,886)
Restricted by donors		185,733
Restricted for debt service		1,127,014
Unrestricted		67,865,512
Total net position		<u>48,728,373</u>

TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	<u>188,141,543</u>
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(Concluded)

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION YEAR ENDED SEPTEMBER 30, 2024

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### OPERATING REVENUE:

Net patient service revenue - net of provision for bad debt of \$19,533,531	\$ 165,309,474
Other operating revenue	<u>1,489,652</u>
Total operating revenue	<u>166,799,126</u>

### OPERATING EXPENSES:

Salaries and wages	52,846,615
Employee benefits	11,298,887
Medications and supplies	24,425,092
Professional fees and contractual services	33,649,021
Other operating expenses	18,919,159
Depreciation and amortization	8,024,078
Interest expense	<u>3,104,063</u>
Total operating expenses	<u>152,266,915</u>

INCOME FROM OPERATIONS	<u>14,532,211</u>
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### NON-OPERATING REVENUES (EXPENSES):

Investment income, net	7,178,580
Other non-operating revenue (expenses), net	<u>(16,227,755)</u>
Total non-operating revenue (expenses), net	<u>(9,049,175)</u>

CHANGE IN NET POSITION BEFORE SPECIAL ITEM	5,483,036
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SPECIAL ITEM - NET LOSS ON PENSION TERMINATION	<u>(8,855,701)</u>
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CHANGE IN NET POSITION	(3,372,665)
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### NET POSITION:

Beginning of year	<u>52,101,038</u>
End of year	<u>\$ 48,728,373</u>

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF CASH FLOWS YEAR ENDED SEPTEMBER 30, 2024

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CASH FLOWS FROM OPERATING ACTIVITIES:	
Receipts from third-party payors and patients	\$ 162,273,007
Other receipts and payments, net	1,489,652
Payments to employees	(52,502,872)
Payments to suppliers and contractors	(87,670,731)
	<hr/>
Net cash provided by operating activities	23,589,056
CASH FLOWS FROM INVESTING ACTIVITIES:	
Change in investments and funded depreciation, net	25,219,696
Investment income, net	2,382,148
	<hr/>
Net cash used in investing activities	27,601,844
CASH FLOWS FROM NON-CAPITAL FINANCING ACTIVITIES:	
Net increase in line of credit	(6,500,000)
Special Item - loss on termination of pension	(8,855,701)
Non-cash gain on litigation settlement	(5,330,183)
Reversion to plan sponsor	14,405,241
Other non-operating revenue (expenses), net	(13,867,957)
Depreciation and amortization - non-operating	3,490,234
	<hr/>
Net cash used in non-capital financing activities	(16,658,366)
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:	
Purchases of property and equipment	(4,455,777)
Proceeds on sale of property and equipment	10,295
Interest paid on long-term debt, lease, and subscription-based obligations	(3,104,063)
Principal payments on lease and subscription-based obligations	(5,427,818)
Principal payments on long-term debt	(2,852,000)
	<hr/>
Net cash used in capital and related financing activities	(15,829,363)
CHANGE IN CASH AND CASH EQUIVALENTS	18,703,171
CASH AND CASH EQUIVALENTS - Beginning of year	<hr/> 3,253,894
CASH AND CASH EQUIVALENTS - End of year	<hr/> <hr/> \$ 21,957,065

(Continued)

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF CASH FLOWS YEAR ENDED SEPTEMBER 30, 2024

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### RECONCILIATION OF OPERATING INCOME TO NET

#### CASH PROVIDED BY OPERATING ACTIVITIES:

Operating income	\$	14,532,211
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization		8,024,078
Provision for uncollectible accounts receivable		19,533,531
Interest expense considered capital financing activity		3,104,063
Increase in patient accounts receivable before provisions for uncollectible accounts receivable		(22,450,178)
Decrease in supplies		64,275
Increase in prepaid expenses and other assets		(7,780,211)
Decrease in temporarily donor-restricted funds		9,117
Decrease in net pension asset		9,164,214
Decrease in deposits and other assets		25,055
Decrease in accounts payable		(518,351)
Decrease in accrued health insurance, workers' compensation, and OPEB		(141,878)
Increase in accrued salaries and personal leave time		343,743
Decrease in estimated third-party settlements		(119,820)
Decrease in other liabilities		(200,793)
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$	<u>23,589,056</u>

### SUPPLEMENTAL DISCLOSURE OF NON-CASH FINANCING AND INVESTING ACTIVITIES:

Lease obligations incurred in connection with right to use assets	\$	<u>2,435,927</u>
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*(Concluded)*

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF FIDUCIARY NET POSITION - PENSION TRUST FUND SEPTEMBER 30, 2024

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### ASSETS

Cash and cash equivalents	\$	-
Investment income receivable		-
Investments at fair value:		
Bonds		-
Domestic equities		-
Other Investments		-
Real estate		-
		<hr/>
Total assets		-
		<hr/>

### LIABILITIES AND NET POSITION RESTRICTED FOR PENSION

Pension benefits payable		-
Other liabilities		-
		<hr/>
Total liabilities		-
		<hr/>

NET POSITION RESTRICTED FOR PENSION	\$	-
		<hr/> <hr/>

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN FIDUCIARY NET POSITION - PENSION TRUST FUND YEAR ENDED SEPTEMBER 30, 2024

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### ADDITIONS:

Total contributions	\$	-
Investment income:		
Net change in fair value of investments		(380,957)
Interest and dividends		2,267,229
Investment expense		(446,440)
		<hr/>
Total additions		1,439,832
		<hr/>

### DEDUCTIONS:

Benefits paid directly to participants		49,882,318
Reversion to Plan Sponsor		14,405,241
Administrative expense		468,860
		<hr/>
Total deductions		64,756,419
		<hr/>
Net change in net position		(63,316,587)

### NET POSITION RESTRICTED FOR PENSIONS

Beginning of year		<hr/> 63,316,587
End of year	\$	<hr/> <hr/> -

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## NOTES TO BASIC FINANCIAL STATEMENTS YEAR ENDED SEPTEMBER 30, 2024

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### 1. REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Reporting Entity** - The North Brevard County Hospital District (the “District”) was created under the laws of the state of Florida in 1953 and operates as Parrish Medical Center (“PMC”), a community hospital providing inpatient and outpatient health care services in northern Brevard County, Florida. The basic financial statements of the District include the balances of North Brevard Medical Support, Inc. (“NBMS”), see condensed statement in Note 12. NBMS is a not-for-profit, non-stock corporation and blended component unit of the District, organized under the laws of the state of Florida solely to benefit and further the interests of the District through physician recruitment and the provision of medical goods and services.

The District’s primary activity is the operation of a general acute care hospital licensed for 208 beds.

The District has entered into employment agreements with certain local physicians to ensure that adequate professional and medical services are available in its service area. The District managed a total of 23 physicians’ practices with 57 physicians as of September 30, 2024.

During 2003, NBMS entered into a letter of agreement with Physicians Professional Liability Risk Retention Group (“PPLRRG”) to purchase 500,000 shares of PPLRRG’s Class E common stock. The purpose of this investment is to provide local physicians practicing at PMC with an alternative and affordable primary layer of malpractice insurance coverage (see Note 3).

The District may levy taxes upon all real and personal taxable property in the District for operating purposes and debt service, not to exceed five mills for all purposes. Effective September 19, 1994, the Board of Directors adopted a tax rate of zero mills; subsequently, no taxes have been assessed, including fiscal year 2024.

During fiscal year 1995, the Florida Legislature approved an amendment to the District’s enabling legislation, which allowed the District to participate with other hospitals and health care providers to provide services within and beyond the boundaries of the District. The District is expressly prohibited from using any funds derived from the assessment of ad valorem taxes on property within the District to support any such joint participation beyond the boundaries of the District.

All intercompany balances and transactions between PMC and NBMS have been eliminated.

**Basis of Presentation** - The District applies the provisions of Governmental Accounting Standards Board (“GASB”) pronouncements. The GASB has established standards for external financial reporting for all state and local governmental entities, which include a statement of net position, a statement of changes in net position, and a direct method statement of cash flows. Net position is classified into three components defined as follows:

- *Investment in Capital Assets, Net of Related Debt*: This component of net position consists of capital assets, net of accumulated depreciation, right-to-use and subscription-based assets net of accumulated amortization, and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings, and outstanding lease and subscription-based obligations that are attributable to the acquisition, construction, or improvement of those assets.
- *Restricted*: This component of net position consists of contributed assets whose use is restricted through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments, or constraints imposed by law through constitutional provisions or enabling legislation.
- *Unrestricted*: This component of net position consists of net position that does not meet the definition of “restricted” or “investment in capital assets, net of related debt.”

**Enterprise Fund Accounting** - The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

***Fiduciary Fund Financial Statements*** - The pension trust fund (the fiduciary fund) is used to account for the fiduciary net position (representing the net position restricted for benefits within the pension trust fund) and the change in the fiduciary net position (representing the change in net position restricted for benefits within the pension trust fund). As discussed in Note 8, the District’s defined benefit pension plan was terminated and liquidated during the year ended September 30, 2024.

***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the basic financial statements, and the reported amounts of revenues and expenses during the reporting period. The more significant areas subject to management estimates include estimated reserves for professional liability, workers’ compensation and health insurance claims, net pension asset/liability, allowances for uncollectible patient accounts receivable, deferred revenue and grant revenue, and third-party payor settlements. Actual results could differ from those estimates.

***Cash and Cash Equivalents*** - Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less from date purchased and excludes otherwise qualifying amounts which are internally designated by the Board of Directors for a specific purpose and reported in assets whose use is limited.

***Investments*** - Marketable securities included in the District’s investment portfolios are carried at fair value based on quoted market prices (see Note 3). Investments in marketable securities representing the investment of cash available for current operations are reported as current assets. Changes in fair value are included in investment income in the statement of revenues, expenses, and changes in net position.

***Assets Whose Use is Limited*** - Cash, investments, and pledges receivable limited in use under terms of debt indentures, trust agreements, or other similar arrangements are considered to be restricted assets. Cash and investments that are internally designated by the Board of Directors (the “Board”) for future capital improvements (“funded depreciation”), over which the Board retains control and may, at its discretion, subsequently use for other purposes, are classified as funded depreciation in the statement of net position. Investments, consisting of marketable securities, are carried at fair value. Amounts required to meet current liabilities of the District are presented as current assets in the statement of net position.

***Supplies*** - Supplies are stated at the lower of cost or market, determined by the first-in, first-out method.

***Capital Assets*** - Capital assets are recorded at cost, except for donated assets, which are recorded at fair value at the time of donation. Expenditures, which materially increase values, change capacities, or extend useful lives, are capitalized, as is interest cost during the period of construction. Depreciation is computed using the straight-line method over the estimated useful lives of the various assets. Amortization is included in depreciation in the statement of revenues, expenses, and changes in net position. Gains and losses on dispositions are recorded in the year of disposal and are included in other non-operating revenues (expenses) in the statement of revenues, expenses, and changes in net position. Estimated useful lives used in computing depreciation range as follows:

Improvements to land	5 to 20 years
Buildings and improvements	5 to 40 years
Equipment	3 to 15 years

PMC has a policy of funding depreciation on certain assets. The funds are held in cash and investment accounts (see Note 3).

The District considers impairment whenever indicators of impairment are present, such as when the decline in service utility of the capital asset is large in magnitude and unexpected. Pursuant to these guidelines, management has determined that no impairments of capital assets existed at September 30, 2024.

***Leases*** - A lease asset is determined at inception when the control of the right-to-use underlying asset belongs to the entity for the term of the lease if it exceeds a period of one year or greater. The term of the lease may include exercisable options when reasonably certain the option will be exercised. Right-to-use assets are amortized in a systematic and rational manner over the shorter of the lease terms or useful life of the underlying asset.

Leases, in which the District is the lessee, are included as right-to-use assets, net of amortization, in accordance with GASB Statement No. 87, *Leases* (“GASB 87”), in the statement of net position at the present value of expected lease payments over the lease term, adjusted for lease incentives, if applicable. Lease liabilities are based initially on the present value of lease payments or receipts over the course of the lease and are re-measured whenever there is a change or modification of the lease terms. The current and long-term lease liabilities are recorded in the statement of net position.

In the absence of interest in lease contracts for which the District is a lessee, the District’s incremental borrowing rate of 3.0% is used.

***Subscription-Based information Technology Arrangements*** – A Subscription-Based Information Technology Arrangement (“SBITA” or “subscription-based”) is defined as a contract that conveys control of the right to use another party’s information technology software, alone or in combination with tangible capital assets, as specified in the contract for a period of time in an exchange or exchange-like transaction. A SBITA is included as right-to-use and subscription-based asset and corresponding subscription-based obligation in accordance with GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (“GASB 96”).

In the absence of interest in the respective contracts, the District’s incremental borrowing rate of 3.0% is used.

***Deferred Outflows/Deferred Inflows*** - In addition to assets, the District reports a separate section for deferred outflows of resources on its statement of net position. Deferred outflows of resources represent a consumption of net position that applies to future periods and will not be recognized as an outflow of resources until then. The District has three items that qualify for reporting as deferred outflows of resources:

**Deferred Outflow on Partial Refunding of the Series 2008 Bonds** - The defeasance costs related to the refunding of the Series 2008 Bonds are included in deferred outflows and are being amortized over the period the bonds are outstanding. Amortization expense related to these costs is included in other non-operating expenses as interest expense.

**Deferred Outflow Related to Pensions** - These deferred outflows of resources are an aggregate of items related to pensions, as calculated in accordance with GASB No. 68, *Accounting and Financial Reporting for Pensions – an amendment of GASB Statement No. 27* (“GASB No. 68”). The deferred outflows related to pensions is recognized as either pension expense or a reduction in net pension asset in a future reporting year. Details on the composition of the deferred outflows of resources related to pension are further discussed in Note 8. The Deferred Outflow Related to Pensions was \$-0- at September 30, 2024 due to the termination of the defined benefit pension plan.

**Deferred Outflow Related to Other Post-Employment Benefits (“OPEB”)** - These deferred outflows of resources are an aggregate of items related to OPEB, as calculated in accordance with GASB No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* (“GASB No. 75”). Details on the composition of the deferred outflows of resources related to OPEB are further discussed in Note 8. The deferred outflows related to OPEB will be recognized as either employee benefit expense or a change in accrued other post-employment benefits in a future reporting year. The Deferred Outflows Related to OPEB was \$-0- at September 30, 2024 due to there no longer being any eligible current or future beneficiaries. As such, this plan is deemed to be terminated.

In addition to liabilities, the District reports a separate section for deferred inflows of resources on its statement of net position. Deferred inflows of resources represent an acquisition of net position that applies to future periods and will not be recognized as an inflow of resources until then. The District has two items that qualify for reporting as deferred inflows of resources:

**Deferred Inflows Related to Pensions** - These deferred inflows of resources are an aggregate of items related to pensions, as calculated in accordance with GASB 68. The deferred inflows related to pensions are recognized as a reduction to pension expense or a change in net pension asset/liability in a future reporting year (see Note 8). Deferred Inflows Related to Pensions was \$-0- at September 30, 2024 due to the termination of the defined benefit pension plan.

Deferred Inflows Related to OPEB - These deferred inflows of resources are an aggregate of items related to OPEB, as calculated in accordance with GASB 75. The deferred inflows related to OPEB are recognized as a reduction to employee benefit expense or a change in accrued OPEB in a future reporting year (see Note 8). The Deferred Inflows Related to OPEB was \$-0- at September 30, 2024 due to there no longer being any eligible current or future beneficiaries. As such, this plan is deemed to be terminated.

**Risk Management** - The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; and natural disasters. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims did not exceed this commercial coverage for the period presented. PMC is self-insured for employee health and workers' compensation benefits. PMC was self-insured for medical malpractice prior to October 1, 2016; subsequently, PMC purchases insurance from a captive insurance company formed by the District (see Notes 11 and 13). The estimated liabilities for such self-insured programs include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

**Medical Malpractice Liability** - The liability for losses (including loss adjustment expenses) represents the estimated ultimate cost of all reported and unreported losses that are unpaid as of September 30, 2024. The liability for unpaid losses is estimated using individual case-basis valuations and statistical analyses, and is not discounted. Although considerable variability is inherent in such estimates, management believes that the liability for losses and loss adjustments expenses represents its best estimate of the ultimate cost of unpaid claims. The methods for making such estimates and for establishing the resulting liabilities are periodically reviewed and any adjustments are recorded in the period determined.

**Reinsurance** - The District relies on ceded reinsurance to limit its retained insurance risk (see Note 14). In entering into reinsurance agreements, management considers a variety of factors, including the creditworthiness of reinsurers. In the event that the reinsurers are unable to meet their obligations under the reinsurance agreements, the District would be contingently liable for such amounts. Management has determined that no provision for uncollectible reinsurance recoveries was necessary at September 30, 2024.

**Statement of Revenues, Expenses, and Changes in Net Position** - For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenue or operating expenses. Non-operating revenues (expenses) represent the net operations of activities or transactions incidental or peripheral to the direct care of patients within the hospital setting and primarily include grant revenue, investment income, and other non-operating revenues and expenses. The following is a summary of the other non-operating revenue and expenses amounts for fiscal year 2024:

Physician practice operations and management	\$ (15,900,021)
Health & Fitness, NBMS, Network and Captive Operations	(3,871,741)
Non-operating rent and utilities expenses, net	7,779,756
Depreciation	(1,323,936)
Amortization	(2,166,298)
Interest expense	(523,595)
Other	(20,329)
Foundation	(201,591)
Total	<u>\$ (16,227,755)</u>

When an expense is incurred for purposes in which there are both restricted and unrestricted net position available, it is the District's policy to apply those expenses to restricted net position, to the extent such are available.

**Net Patient Service Revenue** - Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others when services are rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Uncollectible accounts receivable is reported as a component of net patient service revenue.

**Charity Care** - The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

**Contributed Resources** - Resources restricted by donors for specific operating purposes or additions to property and equipment are held as restricted funds until expended for the intended purpose and are then reported as other operating revenue.

**Income Taxes** - NBMS has been recognized by the Internal Revenue Service as a tax-exempt organization, as described in Section 501(c)(3) of the Internal Revenue Code (“IRC”). Income earned in furtherance of the District’s tax-exempt or governmental purpose is exempt from federal and state income taxes. The IRC provides for taxation of unrelated business income under certain circumstances. Management has determined that the District has no significant unrelated business income. Accordingly, these financial statements include no provision or liability for income taxes.

**Fair Value of Financial Instruments** - The carrying value of net accounts receivable, accrued liabilities, and accounts payable approximates fair value, due to the short-term nature of these accounts.

**Accrued Public Assessment Assistance** - The District is required to make quarterly payments to The Public Medical Assistance Trust Fund (“PMATF”), based on a prescribed percentage (1.5% for inpatient and 1.0% for outpatient) of prior period revenue, as prescribed by the AHCA. The District has elected to recognize a liability for the PMATF, based on the calculated amount currently due, representing the District’s estimate of the termination liability.

**Subsequent Events** - The District evaluated subsequent events for recognition and disclosure through January 20, 2025, which is the date the basic financial statements were available to be issued.

## 2. NET PATIENT SERVICE REVENUE

PMC has agreements with third-party payors that provide for payments to PMC at amounts different from its established rates. Major third-party payors are summarized below:

**Medicare** - Inpatient acute care services and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. PMC is reimbursed for cost-reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by PMC and audits thereof by the Medicare Fiscal Intermediary (reports audited through 2019). PMC’s classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization.

Reimbursement for Medicare Outpatient services is made in accordance with the Ambulatory Payment Classification (“APC”) system called for under the Outpatient Prospective Payment System. Unlike the Inpatient Prospective Payment System (“DRG”), with one DRG payment per inpatient discharge, each outpatient encounter under the APC system could result in the assignment of multiple APC payments.

**Medicaid** - Inpatient acute care services rendered to Medicaid program beneficiaries are reimbursed using an APR-DRG methodology. Florida Medicaid Program DRG payments cover all services and items furnished during the inpatient stay and are made up of two parts: a base DRG and a level of severity.

Reimbursement for Medicaid Outpatient services is made using an Enhanced Ambulatory Patient Grouping (“EAPG”). Florida Medicaid program EAPG payments are made on a per-visit basis, where the payment is directed to the main, significant procedure or treatment provided during an outpatient visit. In addition to the EAPG base rate, an Add On (Per Service Automatic Enhancement Payment) is paid on each payable line, based on the provider’s attributes.

Final determination of amounts earned pursuant to the Medicare and Medicaid programs is subject to review by appropriate governmental authorities or their agents. The net estimated third-party payable to Medicare and Medicaid as of September 30, 2024 of approximately \$1,001,861 is recorded in estimated third-party settlements in the current liabilities section of the statement of net position.

**Other Third-Party Payors** - PMC also has various payment arrangements for inpatient and outpatient services rendered to members of commercial insurance carriers, health maintenance organizations, and preferred provider organizations. These agreements include prospectively determined discharge rates, per diems, and discounts from established rates.

The following is a summary of net patient service revenue for fiscal year 2024:

Gross patient service revenue	\$ 739,748,171
Provision for contractual adjustments	(545,613,263)
Provision for charity adjustments	(9,291,903)
Provision for uncollectible accounts receivable	<u>(19,533,531)</u>
Net patient service revenue	<u>\$ 165,309,474</u>

### 3. CASH, CASH EQUIVALENTS, INVESTMENTS, AND OTHER ASSETS

Investments are stated at fair value, which is estimated based upon quoted market prices for those or similar instruments.

The composition of PMC's marketable securities, included within investments and funded depreciation and related accrued interest, as of September 30, 2024 is as follows:

	Fair Value	Investment Maturities			
		One Year or Less	1-5 Years	6-10 Years	More Than 10 Years
U.S. Government Obligations	\$ 8,641,794	\$ 252,907	\$ 6,076,156	\$ 2,312,731	\$ -
Corporate Bonds	1,848,219	-	1,143,564	556,883	147,772
U.S. Agency Mortgage-Backed Securities	2,804,237	5,116	113,042	168,076	2,518,003
	<u>13,294,250</u>	<u>\$ 258,023</u>	<u>\$ 7,332,762</u>	<u>\$ 3,037,690</u>	<u>\$ 2,665,775</u>
Domestic Equities	12,828,692				
International Equities	3,659,091				
Mutual Funds:					
Short-Term Bond Fund	21,061				
Equity	2,267,780				
Fixed Income	2,958,453				
Alternative Investments – Real Estate	<u>5,319,504</u>				
Total Marketable Securities and Restricted Cash	<u>\$ 40,348,831</u>				

	Ratings				
	AAA	AA	A	BBB	Not Rated
U.S. Government Obligations	\$ 300,408	\$ 705,269	\$ -	\$ -	\$ 7,636,117
Corporate Bonds	-	-	831,608	1,016,611	-
U.S. Agency Mortgage-Backed Securities	-	-	-	-	2,804,237
Domestic Equities	-	-	-	-	12,828,692
International Equities	-	-	-	-	3,659,091
Mutual Funds	-	-	-	-	5,247,294
Alternative Investments – Real Estate	-	-	-	-	5,319,504
Total Marketable Securities	<u>\$ 300,408</u>	<u>\$ 705,269</u>	<u>\$ 831,608</u>	<u>\$ 1,016,611</u>	<u>\$ 37,494,935</u>

The District adopted generally accepted accounting standards for fair value measurements which provides a single definition of fair value and established a three-tier hierarchy, which prioritizes the inputs used in measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

- Level 1 Unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2 Inputs other than quoted prices in active markets within Level 1 that are either directly or indirectly observable
- Level 3 Significant unobservable inputs for the asset or liability in which little or no market data exists

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value.

If available, quoted market prices are used to value investments. U.S. Government Obligations, Corporate Bonds, U.S. Agency Mortgage-Backed Securities, Collateralized Mortgage Obligations, Domestic Equities, International Equities, and Real Estate ETFs are valued at the closing price reported on the major market on which the individual securities are traded. Mutual funds and alternative investments – real estate are valued using a market approach at the recorded closing net asset value (“NAV”) of the funds. The NAV is based on the fair value of the underlying investments.

	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
<b>Assets:</b>				
U.S. Government Obligations	\$ 8,641,794	\$ -	\$ -	\$ 8,641,794
Corporate Bonds	1,848,219	-	-	1,848,219
U.S. Agency Mortgage-Backed Securities	2,804,237	-	-	2,804,237
Domestic Equities	12,828,692	-	-	12,828,692
International Equities	3,659,091	-	-	3,659,091
Mutual Funds	5,247,294	-	-	5,247,294
Alternative Investments - Real Estate	-	-	5,319,504	5,319,504
Marketable Securities	<u>\$ 35,029,327</u>	<u>\$ -</u>	<u>\$ 5,319,504</u>	<u>\$ 40,348,831</u>

**Credit Risk** - Florida Statutes, Section 218.415, provides for each unit of local government or political subdivision to adopt investment policies that are commensurate with the nature and size of public funds within their custody. These policies must include consideration for safety of capital, liquidity of funds, diversification of investments, investment income, maturity requirements, and performance measurement. Section 218.415, Florida Statutes, authorizes the District to invest in (1) the Local Government Surplus Funds Trust Fund, which is administered by the State Board of Administration; (2) obligations of, or obligations for which the principal and interest are unconditionally guaranteed by the U.S. Government; (3) interest-bearing time deposits or savings accounts in banks and savings and loans organized under laws of the United States of America; (4) obligations of the Federal Farm Credit Banks, the Federal Home Loan Mortgage Corporation, the Federal Home Loan Bank, the Federal National Mortgage Association, and obligations guaranteed by the Government National Mortgage Association; and (5) other investments authorized by resolution by the governing board of a special district.

The District has a Board-approved policy for the investment of funds. The District has investment management agreements which provide for selected investment managers to invest and manage the District's Board-designated and excess operating funds in accordance with the District's investment policy. The funds are pooled and invested according to established investment criteria and the nature of intended use. Long-term designation of investments is based on the maturity dates underlying investments and/or the intent of management to hold the investments for long-term purposes. Investment securities are classified as available for sale, as the investment managers have the ability to liquidate investments in order to avoid losses from changes in market conditions. Funds held under the Bond Indenture are required to be invested in qualified investments, as defined in the Bond Indenture. All other funds are required to be invested according to the District's investment policy. The objectives of the District's investment policy are prioritized in the following order: (1) safety of principal, (2) liquidity, (3) generation of income, (4) inflation protection, (5) return on investment/yield, and (6) understanding of risk.

**Concentration of Credit Risk** - Investments in any one issuer that represent 5% or more of an entity’s investment portfolio are required to be disclosed. Investments issued or explicitly guaranteed by the U.S. Government, and investments in mutual funds, external investment pools, and other pooled investments, are excluded from this requirement. Based on the nature of the District’s investments, no concentration of credit risk exists for the District.

**Custodial Credit Risk** - As of September 30, 2024, all of the District’s cash and cash equivalents are held in the name of the District and NBMS (or wholly owned subsidiaries of NBMS (see Note 14)). Accordingly, no custodial credit risk exists for the District.

**Deposit Risk** - In addition to insurance provided by the Federal Deposit Insurance Corporation, all of the District’s demand deposits are held in banking institutions approved by the State of Florida State Treasurer to hold public funds. Under the Florida Statutes, Chapter 280, *Florida Security for Public Deposits Act* (“Chapter 280”), the state treasurer requires all qualified public depositories to deposit with the treasurer or another banking institution eligible collateral equal to amounts ranging from 50% to 125% of the average daily balance for each month of all public deposits in excess of any applicable deposit insurance held. The percentage of eligible collateral (generally, U.S. Government and Agency Securities, state or local government debt, or corporate bonds) to public deposits is dependent upon the depository’s financial history and its compliance with Chapter 280. In the event of a qualified public depository failure, the remaining public depositories would be responsible for covering any resulting losses in excess of amounts insured and collateralized. Amounts held by the bank are insured or fully collateralized by Government Securities.

**Interest Rate Risk** - The District’s investment policy includes certain limitations on investment maturities; however, the District’s primary means of managing exposure to fair value losses arising from increasing interest rates is based upon the composition of its investment portfolio, which includes marketable securities, which are unconditionally guaranteed by the U.S. Government and have limited interest rate variability.

The effective yield earned on the District’s investments and funded depreciation for the year ended September 30, 2024 was approximately 9.03%.

Investment income, net, consists of the following for the year ended September 30, 2024:

Investment income/(loss):	
Interest and dividends earned on investments	\$ 2,382,148
Realized gains and (losses) on marketable securities, net	(396,611)
Net change in unrealized gains and (losses) on marketable securities	<u>5,193,043</u>
Investment income/(loss), net	<u>\$ 7,178,580</u>

During the year ended September 30, 2003, NBMS purchased \$500,000 of Class E common stock of PPLRRG to create an alternative malpractice insurance vehicle in which the medical staff could obtain malpractice insurance at more affordable rates than commercially available in the local market. Three local physicians are currently taking advantage of the program as of September 30, 2024. This investment is recorded at cost in deposits and other assets in the statement of net position. The Class E common stock of PPLRRG is nonvoting, and NBMS owns approximately 6% of the total outstanding common stock of PPLRRG. As a Class E shareholder of PPLRRG, NBMS has certain rights and obligations, as defined under the PPLRRG’s Articles of Incorporation.

#### 4. CAPITAL ASSETS

A summary of changes in capital assets and right-to-use lease assets, net of accumulated depreciation and amortization, respectively, during fiscal year 2024 is as follows:

	Beginning Balance	Additions/ Transfers	Retirements/ Transfers	Ending Balance
Land	\$ 9,151,009	\$ -	\$ -	\$ 9,151,009
Improvements to land	5,785,878	-	(44,766)	5,741,112
Buildings and improvements	142,579,261	922,177	(178,190)	143,323,248
Equipment	78,262,534	3,303,428	(1,979,503)	79,586,459
Construction in progress	1,576,425	253,912	-	1,830,337
Total capital assets	237,355,107	4,479,517	(2,202,459)	239,632,165
Accumulated depreciation	(187,407,962)	(5,839,603)	2,180,295	(191,067,270)
Totals	\$ 49,947,145	\$ (1,360,086)	\$ (22,164)	\$ 48,564,895

Depreciation expense on capital assets for fiscal year 2024 has been included in operating and non-operating expenses in the statement of revenues, expenses, and changes in net position, based on the District's policy for reporting related activities, as defined in Note 1, in the amounts of \$4,515,667 and \$1,323,936, respectively. At September 30, 2024, the District had fully depreciated capital assets of \$140,269,127 that were still in use.

#### 5. LEASES AND SBITAS

A summary of changes in right-to-use lease assets, net of accumulated amortization during fiscal year 2024 is as follows:

	Beginning Balance	Additions/ Transfers	Retirements/ Transfers	Ending Balance
Building and improvements	\$ 20,459,281	\$ 118,137	\$ -	\$ 20,577,418
Equipment	7,998,031	640,229	(882,605)	7,755,655
Total right to use assets	28,457,312	758,366	(882,605)	28,333,073
Accumulated amortization	(7,336,404)	(3,902,366)	882,605	(10,356,165)
Totals	\$ 21,120,908	\$ (3,144,000)	\$ -	\$ 17,976,908

A summary of changes in right-to-use subscription-based assets, net of accumulated amortization during fiscal year 2024 is as follows:

	Beginning Balance	Additions/ Transfers	Retirements/ Transfers	Ending Balance
SBITAs	\$ 3,523,352	\$ 1,677,561	\$ (1,423,196)	\$ 3,777,717
Accumulated amortization	(1,945,387)	(1,772,345)	1,423,196	(2,294,536)
Totals	\$ 1,577,965	\$ (94,784)	\$ -	\$ 1,483,181

Total amortization expense on right-to-use lease and subscription-based assets for fiscal year 2024 has been included in operating and non-operating expenses in the statement of revenues, expenses, and changes in net position, based on the District's reporting related activities, as defined in Note 1, in the amounts of \$3,508,413 and \$2,166,298, respectively.

A summary of changes in lease obligations for noncancellable right of use leases during fiscal year 2024 is as follows:

	Beginning Balance	Additions	Repayments	Ending Balance	Due Within One Year
Lease obligations	\$ 22,014,735	\$ 758,366	\$ (3,625,592)	\$ 19,147,509	\$ 3,604,853
SBITA obligations	1,626,396	1,677,561	(1,802,226)	1,501,731	857,410
Totals	\$ 23,641,131	\$ 2,435,927	\$ (5,427,818)	\$ 20,649,240	\$ 4,462,263

Future minimum right-to-use lease payments as of September 30, 2024, are as follows:

<u>Fiscal Year Ending September 30,</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2025	\$ 3,604,853	\$ 524,576	\$ 4,129,429
2026	2,661,645	429,220	3,090,865
2027	2,316,499	354,989	2,671,488
2028	2,245,473	286,534	2,532,007
2029	2,278,914	218,934	2,497,848
2030 - 2033	6,040,124	242,840	6,282,964
	<u>\$ 19,147,508</u>	<u>\$ 2,057,093</u>	<u>\$ 21,204,601</u>

Interest expense recognized associated with right-to-use lease obligations was approximately \$608,000 for the year ended September 30, 2024.

Future minimum Subscription-based asset lease payments as of September 30, 2024, are as follows:

<u>Fiscal Year Ending September 30,</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2025	\$ 857,410	\$ 31,508	\$ 888,918
2026	460,894	11,709	472,603
2027	169,072	3,196	172,268
2028	14,355	36	14,391
	<u>\$ 1,501,731</u>	<u>\$ 46,449</u>	<u>\$ 1,548,180</u>

Interest expense recognized associated with Subscription-based asset lease obligations was approximately \$69,000 for the year ended September 30, 2024.

## 6. LONG-TERM DEBT

On September 24, 2014, PMC completed its refunding of a portion of the Series 2008 Bonds and issued \$70,000,000 in Refunding Bonds, Series 2014 (the “Series 2014 Bonds”), maturing October 1, 2043. The proceeds from the Series 2014 Bonds were used for the purpose of refunding a portion (\$62,575,000) of the Series 2008 term bonds through defeasance by establishing an escrow account with TD Bank, National Association, as escrow agent, sufficient to pay, when they were due, the interest and principal on the Series 2008 Bonds. The Series 2014 Bonds bear a fixed interest rate of 3.0% through October 1, 2029. The interest rate on the Series 2014 Bonds will be remarketed after October 1, 2029, based on then prevailing rates.

On November 14, 2017, PMC satisfied its remaining obligations for debt service related to the Series 2008 Bonds and issued \$25,000,000 in Refunding Bonds, Series 2017 (the “Series 2017 Bonds”), maturing October 1, 2027. The proceeds from the Series 2017 Bonds were used for the purpose of refunding the remaining portion \$26,800,000 of the then Series 2008 term bonds through defeasance, and establishment of an escrow account with TD Bank, National Association, as escrow agent, sufficient to pay when they were due the interest and principal on the Series 2008 Bonds. The Series 2017 Bonds bear a fixed interest rate of 3.22% through October 1, 2027. The interest rate on the Series 2017 Bonds will be remarketed after October 1, 2027, based on then prevailing rates. As part of the refinancing, the difference between the amounts funded into the irrevocable trust and the carrying value of the Series 2008 Bonds is reflected as a deferred outflow and amortized into interest expense over the term of the Series 2017 Bonds.

Deferred outflows on defeasance of approximately \$8,628,000 at September 30, 2024, are presented net of accumulated amortization of approximately \$4,383,000. The Series 2017 Bonds, Series 2014 Bonds, and Series 2008 Bonds are collateralized by and are payable solely from an obligation issued under the Master Trust Indenture (the “Master Indenture”) between TD Bank, as Master Trustee (the “Master Trustee”), and PMC, as well as certain monies held under the trust indenture governing the Series 2008 Bonds (the “Bond Indenture”). The obligation issued under the Master Indenture is collateralized by a pledge of, and a security interest in, the net revenues of the District and any future member of the Obligated Group that is a Governmental Unit and the net revenue and accounts of any future member of the Obligated Group that is a corporation or other business entity. Currently, PMC is the sole member of the Obligated Group.

The Master Indenture requires the Obligated Group to maintain certain financial ratios and places restrictions on various activities, such as the transfer of assets and incurrence of additional indebtedness.

Long-term debt as of September 30, 2024, consist of the following:

Refunding Bonds, Series 2014, principal payable monthly beginning in 2014 through 2043, interest payable monthly at the fixed rate of 3.0%.	\$ 55,554,000
Revenue Refunding Bonds, Series 2017, principal payable in variable annual installments beginning in 2018 through 2027, interest payable October 1 and April 1 at the fixed rate of 3.22%.	<u>20,900,000</u>
Total long-term debt	76,454,000
Current portion	<u>(2,930,000)</u>
Long-term portion	<u>\$ 73,524,000</u>

A summary of changes in long-term debt during 2024 is as follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>Repayments</u>	<u>Ending Balance</u>	<u>Amounts Due Within One Year</u>
Series 2014					
Fixed rate refunding bonds	\$ 57,656,000	\$ -	\$ 2,102,000	\$ 55,554,000	\$ 2,160,000
Series 2017					
Fixed rate refunding bonds	\$ 21,650,000	\$ -	\$ 750,000	\$ 20,900,000	\$ 770,000

Annual scheduled principal maturities and interest on long-term debt obligations as of September 30, 2024, are as follows:

<u>Fiscal Year Ending September 30,</u>	<u>Principal</u>	<u>Interest</u>
2025	2,930,000	2,332,553
2026	3,037,000	2,240,912
2027	3,117,000	2,146,551
2028	3,227,000	2,053,022
2029-2033	17,678,000	8,676,276
2034-2038	20,622,000	5,739,598
2039-2043	24,953,000	2,302,706
2044	<u>890,000</u>	<u>17,075</u>
	<u>\$ 76,454,000</u>	<u>\$ 25,508,693</u>

During the year ended September 30, 2024, interest on the long-term debt totaling \$2,396,748 was charged to operating expense and \$454,660 was charged to non-operating expense based on the District's policy for reporting related activities, as defined in Note 1.

## 8. EMPLOYEE BENEFIT PLANS

### Employees' Retirement System

**Plan Descriptions** - PMC maintained a non-contributory, single-employer, defined-benefit pension retirement plan, Parrish District, Inc. Pension Plan (the "Pension Plan"), administered by the Pension Administrative Committee. The Pension Plan and all other amendments and changes were established under the authority of the District's Board of Directors. The average rating for investments that were held in the Pension Plan's portfolio is an average of A. Separate financial statements are not available for the Pension Plan. As discussed below, the Pension Plan was terminated and fully liquidated during the year ended September 30, 2024.

Effective October 1, 2016, PMC contributes to a 403(b) defined contribution plan (the “DC Plan”), with an employer discretionary match and discretionary noncontributory employer contribution. PMC made no contributions to the DC Plan for the year ended September 30, 2024.

**Pension Plan Freeze** - Effective September 30, 2016, the Pension Plan was frozen. All benefit accruals under the Pension Plan ceased; therefore, average monthly earnings on or after October 1, 2016 were not considered. Continuous service continued to be credited to participants after September 30, 2016 for vesting purposes, for purposes of determining normal and early retirement date, and for purposes of eligibility for disability benefits.

**Pension Plan Termination** - Effective October 1, 2023, the District’s governing board elected to terminate the Pension Plan. Those beneficiaries who had previously elected an annuity were given an option to receive a lump-sum payment or continue to receive ongoing annuity payments. For those electing to continue to receive an ongoing annuity payment, the District purchased an annuity contract from a third-party to cover remaining annuity payments as part of a plan to defease remaining obligations and release the District as the primary obligor. All other beneficiaries were paid a one-time lump-sum payment to satisfy all other benefits due under Pension Plan.

The District recognized a one-time loss of approximately \$8,856,000 for the year ended September 30, 2024, primarily as the result the write-down of the previously recognized deferred outflow that represented projected future market earnings on the net pension assets. This loss was recognized in the statement of revenues, expenses, and changes in net position as a special item defined as a transaction that was both (a) within the District’s control and (b) infrequent in occurrence. In September 2024, the District received approximately \$14,405,000 of cash and investments from the fully liquidated and closed Pension Plan.

**Pension Benefits Provided** - The Pension Plan covered all permanent, full-time PMC employees and all permanent, part-time employees who customarily work at least 20 hours per week and five months per year, and who complete at least 1,000 hours of service per year, after completion of one year of continuous service. The Pension Plan was frozen effective September 30, 2016. Normal retirement age was determined as the earlier of:

1. Age 65, regardless of continuous service;
2. Age 60 and 25 years of continuous service; or
3. 30 years of continuous service, regardless of age.

Normal retirement benefits were determined as 1.75% of average monthly earnings up to \$1,000, plus 1.50% of average monthly earnings in excess of \$1,000, times continuous service.

Early retirement age was determined as age 55 and 20 years of continuous service. Early retirement accrued benefits were reduced 6.67% for each of the first five years and 3.33% for each of the next five years by which the benefit Commencement Date precedes age 65.

The vesting schedule was as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5	None
5	50%
6	60%
7	70%
8	80%
9	90%
10 or more	100%

Members received the vested portion of their accrued benefit payable at otherwise early age (reduced) or age 65. Disability benefits were based on the normal retirement benefit accrued to the date of disability. Employees were eligible after 10 years of continuous service. Death benefits were based on the accrued benefit as of the date of death and are payable as a lump sum. Employees are eligible after 5 years of continuous service.

**Pension Plan Membership** - The Pension Plan membership was as follows as of October 1, 2022 (updated through September 30, 2024):

Valuation Date	10/1/2022	10/1/2022
GASB 67/68 Measurement Date	9/30/2024	9/30/2023
GASB 68 Reporting Date (1)	9/30/2024	9/30/2023
Plan Membership:		
Inactive Currently Receiving Benefits	-	122
Inactive Not Yet Receiving Benefits	-	236
Active Plan Members	-	316
Total	-	674

(1) Effective for PMC's year ended September 30, 2024, the GASB 68 measurement date of the Pension Expense has been changed from September 30, 2023 to September 30, 2024 due to the termination of the Pension Plan. There was no impact on previously reported net position as of October 1, 2023.

**Pension Plan Funding Policy** - PMC previously contributed the amount necessary to meet the minimum required employer contribution, as calculated by the actuary. Employee contributions were not permitted.

**Pension Plan Net Pension Liability –**

The measurement date is September 30, 2024.

The measurement period for the pension expense was October 1, 2023 to September 30, 2024.

The reporting period is October 1, 2023 through September 30, 2024.

The Sponsor's Net Pension Liability was measured as of September 30, 2024.

The Total Pension Liability used to calculate the Net Pension Liability was determined as of that date.

**Pension Plan Assumptions and Other Inputs** - Total Pension Liability and underlying expenses for the year ended September 30, 2024 was determined by an actuarial valuation as of September 30, 2024, using the following actuarial assumptions:

Inflation Rate 2.50%

Salary Increase Rate(s) Varies by Service

Discount Rate 6.85%

Initial Trend Rate 7.25%

Ultimate Trend Rate 4.00%

Years to Ultimate 52

**Mortality Rate Healthy Active Lives:**

Female: PubG.H-2010 for Employees.

Male: PubG.H-2010 for Employees, set back one year.

**Mortality Rate Healthy Retiree Lives:**

Female: PubG.H-2010 for Healthy Retirees.

Male: PubG.H-2010 (Below Median) for Healthy Retirees, set back one year.

**Mortality Rate Beneficiary Lives:**

Female: PubG.H-2010 (Below Median) for Healthy Retirees.

Male: PubG.H-2010 for Healthy Retirees, set back one year.

**Mortality Rate Disabled Lives:**

PubG.H-2010 for Disabled Retirees, set forward three years.

All rates are projected generationally with Mortality Improvement Scale MP-2018.

The above-described mortality assumption rates were mandated by Chapter 2015-157, Laws of Florida. This law mandates the use of the assumptions used in either of the two most recent valuations of the Florida Retirement System ("FRS"). The above rates are those outlined in Milliman's July 1, 2021 FRS valuation report for non-special-risk employees. We feel this assumption sufficiently accommodates future mortality improvements.

The most recent actuarial experience study used to review the other significant assumptions was dated September 30, 2021.

The Long-Term Expected Rate of Return on Pension Plan investments can be determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of Pension Plan investment expenses and inflation) are developed for each major asset class.

For 2024, the inflation rate assumption of the investment advisor was 2.50%. These ranges were combined to produce the Long-Term Expected Rate of Return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The long-term expected rate of return ranged from 4.5% to 10% based on major asset class.

Due to the termination and liquidation of the Pension Plan, there was no pension liability (asset) at September 30, 2024.

***Pension Plan Discount Rate –***

The Discount Rate used to measure the Total Pension Liability was 6.85%. The projection of cash flows used to determine the Discount Rate assumed that Pension Plan member contributions will be made at the current contribution rate and that District contributions will be made at rates equal to the difference between actuarially determined contribution rates and the member rate. Based on those assumptions, the Pension Plan’s Fiduciary Net Position was projected to be available to make all projected future benefit payments of current Pension Plan members. Therefore, the Long-Term Expected Rate of Return on Pension Plan investments was applied to all periods of projected benefit payments to determine the Total Pension Liability.

As the District elected to terminate the Pension Plan, all future benefit payments due under the Pension Plan were discounted using a high-quality municipal bond rate of 4.06%, as determined by the actuaries. The high-quality municipal bond rate was based on the S&P Municipal Bond 20 Year High Grade Rate Index as published by S&P Dow Jones Indices nearest the measurement date. The S&P Municipal 20 Year High Grade Rate Index consists of bonds in the S&P Municipal Bond Index with a maturity of 20 years. Eligible bonds must be rated at least AA by Standard and Poor’s Ratings Services, Aa2 by Moody’s, or AA by Fitch. If there were multiple ratings, the lowest rating was utilized.

***Pension Plan Liabilities, Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions*** - The District’s Net Pension Asset was measured as of September 30, 2024. The Total Pension Liability used to calculate the Net Pension Asset was determined as of that date.

Changes in Net Pension Liability (Asset):

	Increase (Decrease)		
	Total Pension Liability (a)	Pension Plan Fiduciary Net Position (b)	Net Pension Liability (Asset) (a)-(b)
Balances at September 30, 2023	\$ 43,511,637	\$ 59,533,522	\$ (16,021,885)
Changes for the Year:			
Service Cost	-	-	-
Interest	1,252,787	-	1,252,787
Differences between Expected and Actual Experience	5,117,894	-	5,117,894
Net Investment Income	-	5,222,897	(5,222,897)
Benefit Payments	(49,882,318)	(49,882,318)	-
Excess assets reversion to District	-	(14,405,241)	14,405,241
Administrative Expense	-	(468,860)	468,860
Net Changes	(43,511,637)	(59,533,522)	16,021,885
Balances at September 30, 2024	\$ -	\$ -	\$ -

On September 30, 2024, the District reported Deferred Outflows of Resources and Deferred Inflows of Resources related to pensions from the following sources:

	September 30, 2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Balances at September 30, 2023	\$ 16,417,298	\$ 9,014,288
Changes of assumptions	(16,417,298)	(9,014,288)
Balances at September 30, 2024	\$ -	\$ -

As the Pension Plan was terminated, there are no further deferred outflows and deferred inflows at September 30, 2024 to offset future pension expense. Additionally, at September 30, 2024 there is no net pension asset (liability) or other cash and investments as the Pension Plan was fully liquidated. There was no impact at September 30, 2024 on the net pension asset (liability) at September 30, 2024 by increasing or decreasing the assumed discount rate by 1%.

***Pension Plan Expense and Special Item***

For the year ended September 30, 2024, the net pension asset increased by approximately \$470,000 before recognition of special item loss on Pension Plan termination of approximately (\$8,856,000).

**Employee Health Plan**

PMC has established a self-insured program for health benefits covering substantially all employees. During 2024, the plan covered health care services up to \$225,000 per claim and provided unlimited commercial insurance coverage for cases exceeding these amounts for each covered employee or dependent. Health insurance expense, which includes medical expense provided by outside providers, dental and life benefits, and administrative costs (net of employee contributions), was \$5,720,000 in 2024. Medical services provided to covered employees at PMC are recorded as a contractual adjustment when service is provided. At September 30, 2024, the liability for reported and estimated unreported employee health plan claims incurred was \$763,353 and is included as a component of accrued health insurance and workers’ compensation in the accompanying statement of net position.

**Workers’ Compensation Plan**

PMC has established a self-insured program for workers’ compensation benefits covering all employees. The plan covers employees up to \$650,000 per claim for 2024 and is limited to approximately \$500,000 per year in the aggregate for 2024 and provides for commercial insurance relating to cases exceeding these amounts. Workers’ compensation insurance expense, which includes payments for administrative fees, wages, and outside medical services, amounted to \$768,301 in 2024. At September 30, 2024, the liability for reported and estimated unreported workers’ compensation claims incurred was \$1,277,982 and is included as a component of accrued health insurance and workers’ compensation liabilities in the statement of net position. The total accrual includes estimates of the ultimate costs of both reported claims and claims incurred but not reported, as determined by an actuary in 2024 and discounted at 4% and are actuarially determined every other year.

**Other Post-employment Obligations**

Effective October 1, 2017, the District adopted GASB No. 75, which requires the District to recognize the accrued OPEB on the statement of net position and to report a more comprehensive measure of OPEB expense in the statement of revenues, expenses, and changes in net position.

## General Information about the OPEB Plan

### *Plan Description:*

The District's Retiree Health Care Plan ("HC Plan") is a single-employer defined-benefit post-employment health care plan that covered eligible retired employees of the District. The HC Plan, which was administered by the District, allowed employees who retired and meet retirement eligibility requirements under the District's retirement plan to continue medical insurance coverage as a participant in the HC Plan. For purposes of applying Paragraph 4 under GASB No. 75, the HC Plan did not meet the requirements for an OPEB plan administered through a trust.

During the year ended September 30, 2024, it was determined that there were no longer any current or future beneficiaries of the OPEB plan. Hence, the OPEB plan is deemed terminated as of September 30, 2024.

### *Employees Covered by Benefit Terms:*

At September 30, 2022 (valuation date) and September 30, 2024 (updated measurement date), the following employees were covered by the benefit terms:

Valuation Date	10/1/2022	10/1/2022
GASB 75 Measurement Date	9/30/2024	9/30/2023
GASB 75 Reporting Date (1)	9/30/2024	9/30/2023
<b>Plan Membership:</b>		
Inactive Currently Receiving Benefits	-	632
Inactive Not Yet Receiving Benefits	-	10
Active Plan Members	-	2
Total	-	644

(1) Effective for the Districts' year ended September 30, 2024, the GASB 75 measurement date of the HC Plan expense has been changed from September 30, 2023 to September 30, 2024 due to the OPEB Plan being deemed terminated effectively September 30, 2024. There was no impact on previously reported net position as of October 1, 2023.

### *Benefits Provided:*

The benefits that were provided were the same as those provided for active employees. Spouses and dependents of eligible retirees were also eligible for medical coverage. All employees of the District hired before October 1, 2015 were eligible to receive post-employment health care benefits. Eligible retirees participating in the group insurance plans offered by the District were required to contribute 100% of the active premiums. Medicare is assumed to become primary upon attainment of age 65. Employees hired after October 1, 2015 were eligible to receive post-employment health care benefits, in accordance with Florida Statute 112.0801. During the year ended September 30, 2024, it was determined that there were no current or future beneficiaries of the OPEB plan which was deemed to be terminated.

### **Total OPEB Liability**

The measurement date is September 30, 2024.

The measurement period for the OPEB expense was October 1, 2023 to September 30, 2024. The reporting period is October 1, 2023 through September 30, 2024.

The Sponsor's Total OPEB Liability was measured as of September 30, 2024.

*Actuarial Assumptions:*

The Total OPEB Liability was determined by an actuarial valuation as of September 30, 2024, using the following actuarial assumptions:

Inflation	2.50%
Salary Increase Rate(s)	Varies by Service
Discount Rate	4.87%
Initial Trend Rate	7.25%
Ultimate Trend Rate	4.00%
Years to Ultimate	52

Mortality rates were based on the Pub 2010 mortality tables with fully generational improvement using Scale MP 2018. Rates are based on those outlined in Milliman's July 1, 2021 Florida Retirement System (FRS) valuation report.

*Discount Rate:*

Given the District's decision not to fund the program, all future benefit payments were discounted using a high-quality municipal bond rate of 4.87%. The high-quality municipal bond rate was based on the S&P Municipal Bond 20 Year High Grade Rate Index as published by S&P Dow Jones Indices nearest the measurement date. The S&P Municipal 20 Year High Grade Rate Index consists of bonds in the S&P Municipal Bond Index with a maturity of 20 years. Eligible bonds must be rated at least AA by Standard and Poor's Ratings Services, Aa2 by Moody's or AA by Fitch. If there are multiple ratings, the lowest rating is used.

	Increases and (Decreases) in Total OPEB Liability
Reporting Period Ending September 30, 2023	\$ 233,052
Changes for the year:	
Service Cost	2,605
Interest	10,254
Changes of Benefit Terms	(202,849)
Changes of assumptions	(1,172)
Benefit Payments	(41,890)
Net changes	(233,052)
Reporting Period Ended September 30, 2024	\$ -

Difference between expected and actual experience reflects the impact of changes to the census data from the prior valuation to the valuation as of September 30, 2024. The change of benefit terms reflects that current and future retirees and future retirees of the District are no longer eligible for health care benefits under the Plan.

As the OPEB Plan was deemed to be terminated at September 30, 2024, the balance of the OPEB liability, deferred outflows and deferred inflows were all \$-0-. Further, there was no impact at September 30, 2024 on the OPEB Liability at September 30, 2024 by increasing or decreasing the assumed discount rate by 1%.

Components of OPEB Expense  
(For the Year Ended September 30, 2024)

	Total OPEB Liability	Deferred Inflows	Deferred Outflows	OPEB Expense
Balances at September 30, 2023	\$ 233,052	\$ 207,519	\$ 144,560	\$ -
Employer Contributions made after September 30, 2023	-	-	47,927	-
Total OPEB Liability Factors:				
Service cost	2,605	-	-	2,605
Interest	10,254	-	-	10,254
Differences between expected and actual experience with regard to economic or demographic assumptions	(202,849)	-	-	(202,849)
Current year amortization of experience difference	-	(28,308)	(15,551)	(12,757)
Change in assumptions about future economic or demographic factors or other inputs	(1,172)	1,172	-	-
Current year amortization of change in assumptions	-	(151,560)	(15,290)	(136,270)
Benefit Payments	(41,890)	-	-	-
Net Change	<u>\$ (233,052)</u>	<u>\$ (178,696)</u>	<u>\$ 17,086</u>	<u>\$ (339,017)</u>
Pay-As-You Go related Costs:				
Contributions - Employer	\$ 50,040	\$ -	\$ (50,040)	\$ -
Benefit Payments	(41,890)	-	-	-
Administrative Expenses	(8,150)	-	-	8,150
Net Change	-	-	(50,040)	8,150
Immediate recognition of deferrals	-	(28,823)	(111,606)	82,783
Balances at September 30, 2024	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (248,084)</u>

The HC Plan was not funded through a trust, however, certain “Pay-As-You-Go” related costs were required to be considered when developing the OPEB expense through the effective date of termination of OPEB plan.

The District provided post-employment health care benefits to all employees who retired from the District under the plan after 20 or more years of service and age 55, or after 30 years of service. Premiums paid by retirees were based on the projected average plan cost of the District’s self-insured health benefit program for the year. The plan was funded on a pay-as-you-go basis. The District may make additional contributions as desired. No additional contributions were made to date.

Calculations were based upon the types of benefits provided under the terms of the substantive plan at the time of the valuation and on the pattern of sharing of costs between the employer and plan members to that point. Calculations reflected a long-term prospective, so methods and assumptions included techniques that were designed to reduce short-term volatility in actuarial accrued liabilities and the actuarial value of assets.

The following was a summary of the activity in the accrued health insurance, workers’ compensation, and OPEB liability accounts for the year ended September 30, 2024:

Beginning Balance	Additions	Reductions	Ending Balance
\$ 1,975,694	\$ 969,185	\$ (903,544)	\$ 2,041,335

## 9. DONOR-RESTRICTED NET POSITION

Donor-restricted net position is available for the following programs at September 30, 2024:

Educational Training	\$	50,609
Diabetes		45,740
Stereotactic Breast Biopsy		17,931
Women’s Services – Lactation/Birthing		17,906
Cancer Programs		6,815
Wellness		8,000
Chain of Lakes – Health Village		5,854
Circle of Giving		4,092
All other		28,786
	\$	<u>185,733</u>

## 10. CHARITY AND OTHER UNREIMBURSED CARE

The District’s mission is to provide high-quality, affordable health care to the community. In pursuing its commitment to serve all members of the community, the District provides services to the financially disadvantaged, despite the lack or adequacy of payment for those services. The District maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges forgone for services and supplies furnished under its charity care policy. Charity care is also provided through reduced price services and fee programs offered throughout the year, based upon activities and services, which the District believes will serve a community health need. These activities include wellness programs, community education programs, and health fairs. The charges foregone for services and supplies furnished under the District’s charity care methodology for the year ended September 30, 2024 was \$9,291,903.

## 11. RELATED-PARTY TRANSACTIONS AND RELATIONSHIPS

**North Brevard Medical Support, Inc.** - NBMS primarily utilizes grants and earnings on investment to continue its operations and meet its obligations as they become due. NBMS receives funding from PMC in the form of grants. NBMS can obtain grants from PMC in any fiscal year up to the lesser of the net patient service revenue of PMC for its preceding fiscal year, or 2.5% of PMC’s gross revenue for its preceding fiscal year. PMC funded a grant of approximately \$2,713,000 in 2024 for NBMS to meet its fiscal year 2024 obligations, which is recorded in other net non-operating (expenses) in the statements of revenues, expenses, and changes in net position. The grant is eliminated in consolidation. The operating activities of NBMS are included in other net non-operating (expenses) in the statement of revenues, expenses, and changes in net position for the year ended September 30, 2024.

**Parrish Health Network, Inc.** - In March 2007, Parrish Health Network (the “Network”) was formed. The primary purpose of the Network is to create a community network with clinical integration, which combines the resources, strengths, knowledge, and expertise of our local health care providers in order to offer the community exceptional, comprehensive care. The Network is a wholly owned subsidiary of NBMS.

The operating activities of the Network are included in other net non-operating expenses in the statement of revenues, expenses, and changes in net position for the year ended September 30, 2024.

**Florida Medical Insurance Corporation** - In August 2016, Florida Medical Insurance Corporation (the “Captive”) was issued a license permitting it to transact business as a domestic captive insurer by the State of Florida Office of Insurance Regulation. The Captive is a wholly owned subsidiary of NBMS. PMC paid insurance premiums to the Captive of \$1,560,000 in 2024, which was recorded in operating expenses in the statement of revenues, expenses, and changes in net position. The premium expense is eliminated in consolidation.

**Jess Parrish Medical Foundation, Inc.** - Jess Parrish Medical Foundation, Inc. (the “Foundation”) is a Florida 501(c)(3) corporation, which raises money to support the District’s programs and for the general advancement of health care organizations and objectives. The District has determined that the Foundation’s financial statements are immaterial for inclusion in the District’s financial statements.

**Home Health Program** - NBMS has a 25% joint venture interest in the Parrish Home Health Program. The operating activities of the program are included in other net nonoperating expenses in the statements of revenues, expenses, and changes in net position for the year ended September 30, 2024.

**Dialysis Program** - NBMS has a 40% joint venture interest in the Dialysis Program. The operating activities of the Dialysis program are included in other net non-operating expenses in the statement of revenues, expenses, and changes in net position for the year ended September 30, 2024.

## 12. COMPONENT UNIT COMPOSITION

The following condensed information (in thousands) summarizes NBMS’s financial statements (note: a full combining schedule is included in the supplementary information):

	<b>September 30, 2024</b>
Current assets	\$ 8,865
Other assets	3,197
Total assets	<u>\$ 12,062</u>
Current liabilities	\$ 2,271
Non-current liabilities	4,740
Total liabilities	7,011
Investment in capital assets, net of related debt	481
Unrestricted net position	<u>4,570</u>
Total net position	<u>5,051</u>
Total liabilities and net position	<u>\$ 12,062</u>
	<b>Year Ended September 30, 2024</b>
Investment income, net	\$ 868
Other non-operating revenue and internal grants	<u>(218)</u>
Total non-operating revenues, net	650
Beginning net position, as restated	4,401
Ending net position	<u>\$ 5,051</u>
Cash flows used in noncapital financing activities	\$ 934
Cash flows used in capital and related financing activities	(28)
Net cash used in investing activities	<u>(564)</u>
Net increase in cash and cash equivalents	342
Cash and cash equivalents, beginning of year	<u>502</u>
Cash and cash equivalents, end of year	<u>\$ 844</u>

### 13. CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially subject the District to credit risk principally consist of patient accounts receivable. Patient accounts receivable consist of amounts due from Medicare, Medicaid, insurance companies, and self-pay patients.

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

Medicare	34 %
Medicaid	3 %
Commercial and other	52 %
Self-pay	11 %
	<hr/>
	100 %

All balances, net of related contractual discounts and collectability allowances, are expected to be collected within the subsequent fiscal year.

### 14. COMMITMENTS AND CONTINGENCIES

**Accrued Medical Malpractice** - Prior to July 1987, PMC maintained malpractice coverage through the Florida Hospital Trust Fund and the Florida Hospital Excess Trust Fund B for the purpose of paying malpractice claims against PMC. On July 21, 1987, PMC elected to rely on sovereign immunity with respect to liability claims against PMC, subject to the limited waiver provisions of Section 768.28, Florida Statutes (\$200,000 per claim, \$300,000 per incident), for 2019. PMC terminated its participation in the Florida Hospital Trust Fund and Florida Hospital Excess Trust Fund B, purchased insurance coverage for non-reported acts prior to July 22, 1987, and engaged an actuary for the purpose of projecting future malpractice liability on a self-insured basis. Based upon the actuary's analysis and the possibility of a special act of the Florida Legislature, as provided in Section 768.29(5), Florida Statutes, PMC has recorded a total accrued liability for reported and unreported claims of \$852,457 (net of claims paid) for the period July 22, 1987 through September 30, 2024. The total accrual includes estimates of the ultimate costs of both reported claims and claims incurred but not reported and are not discounted.

Because actual claims liabilities depend on such complex risk factors as inflation, changes in legal doctrines, and damage awards, the process used in computing claims liabilities does not necessarily result in actual claims amounts. Claim liabilities are re-evaluated periodically to take into consideration recently settled claims, the frequency of claims, and other economic and social factors. At September 30, 2024, the estimated current portion of the total accrued liability was \$554,730.

**Excess Insurance** - Effective June 13, 2014, PMC purchased a claims-made umbrella policy with a \$5 million limit covering PMC and employed physicians. The umbrella policy is excess over the sovereign immunity limits of \$200,000/\$300,000. If sovereign immunity does not apply, the policy is excess over a professional liability limit of \$1 million/\$3 million, which is the self-insured retention. Effective May 30, 2014, PMC purchased a claims-made professional liability excess policy for contract physicians working in the Florida Health Network. These physicians carry their own underlying insurance policy for the first \$250,000 per claim and \$750,000 per physician. The excess policy covers an additional \$750,000 per claim and \$2.25 million per physician, bringing the total coverage to \$1 million/\$3 million limits. Both policies were purchased as a precondition of membership in the Mayo Clinic Care Network.

Effective October 1, 2016, the Captive provides, on a claims-made basis, hospitals and physicians professional liability for both employed and excess professional liability insurance for the Network's non-employed physicians to the District. The hospital and employed physician's professional liability coverage has a limit of \$6,000,000 per claim and in the aggregate. The Captive has purchased a reinsurance layer on this coverage, with limits of \$750,000 per occurrence and \$5,250,000 in the aggregate. The Network's non-employed physician's professional liability coverage has a limit of \$750,000 in excess of \$250,000 per claim, with a \$3,000,000 annual aggregate. The Captive has purchased a reinsurance layer on this coverage, with limits of \$250,000 excess \$750,000 per occurrence and in the aggregate.

Effective October 1, 2016, the Captive provides, on an occurrence basis, commercial general liability and property deductible reimbursement coverages to the District. The commercial general liability coverage has a limit of up to \$6,000,000 per claim, and in the aggregate. The property deductible reimbursement coverage has a limit of \$250,000 per claim with no annual aggregate limitation.

**Insurance Capital and Surplus** - The National Association of Insurance Commissioners (the “NAIC”) has established risk-based capital (“RBC”) requirements to help State regulators monitor the financial strength and stability of property and casualty insurers by identifying those companies that may be inadequately capitalized. The calculated RBC level, based on the annual statements as filed by the Captive, was in excess of the threshold requirements as of September 30, 2024.

The Captive is required to maintain a minimum capital and surplus of \$250,000 pursuant to insurance regulations. As of September 30, 2024, the Captive is above the minimum capital and surplus.

The payment of dividends is subject to regulatory restrictions and requires approval from the Florida Office of Insurance Regulation. There were no dividends declared or paid during the year ended September 30, 2024.

**Accrued Employee Personal Leave Bank** - PMC provides a benefit program entitled “Personal Leave Bank.” This program allows all eligible employees to earn personal leave in lieu of traditional sick days, vacation days, or holidays. Accrual of personal leave time is based upon length of service with PMC. The Personal Leave Bank is charged for hours taken off from work. All employees may request payment for up to 120 hours total per year of earned personal leave at two specified times during the fiscal year. The first 80 hours are paid at 100%, the next 40 hours are paid at 80% of the employee’s current pay rate. The accrued liability under this program amounted to approximately \$3,037,000 at September 30, 2024.

**Health Care Industry** - The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could give rise to liability resulting in significant fines and penalties, including repayments for patient services previously reimbursed. The District has a corporate compliance function that may, from time to time, identify and investigate potential noncompliance with laws and regulations. If potential violations are identified, they are reported to the appropriate governmental agency. These matters are subject to many uncertainties and the outcomes are not predictable with assurance. Accordingly, it is possible that there may be future repayments or penalties. After conferring with legal counsel, management of the District is not aware of any material unrecorded losses that are probable to result from the ultimate outcome of these matters.

**Litigation** - The District is involved in litigation arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without a material, adverse effect on the future financial position, results of operations, or cash flows of the District.

\* \* \* \* \*

**REQUIRED SUPPLEMENTARY INFORMATION  
FOR THE YEAR ENDED SEPTEMBER 30, 2024**

**NORTH BREVARD COUNTY HOSPITAL DISTRICT**

**SUPPLEMENTARY INFORMATION - UNAUDITED SCHEDULE OF CHANGES IN NET PENSION ASSET AND RELATED RATIOS FOR THE YEARS ENDED SEPTEMBER 30,**

	2024*	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total pension liability										
Service cost	\$ -	\$ 204,975	\$ 394,962	\$ 486,190	\$ 416,573	\$ 527,886	\$ 584,454	\$ 690,793	\$ 1,836,604	\$ 1,998,932
Interest	1,252,787	2,948,462	2,846,366	3,001,709	3,187,721	3,376,581	3,192,364	3,252,842	4,207,238	3,998,329
Differences between expected and actual experience	5,117,894	(866,981)	(893,533)	(532,461)	(1,177,650)	(2,772,290)	3,366,776	(562,243)	1,059,852	-
Changes of assumptions	-	-	4,082,572	370,157	472,090	-	-	3,656,761	-	736,112
Changes of benefit terms	-	-	-	-	-	-	-	(13,325,988)	-	-
Contributions - buy back	-	-	-	-	-	-	-	-	-	1,474
Benefit payments, including refunds of employee contributions	(49,882,318)	(3,226,159)	(3,347,451)	(4,621,109)	(3,523,852)	(3,487,874)	(5,838,344)	(5,336,757)	(3,786,952)	(4,135,338)
Net change in total pension liability	(43,511,637)	(939,703)	3,082,916	(1,295,514)	(625,118)	(2,355,697)	1,305,250	(11,624,592)	3,316,742	2,599,509
Total pension liability - beginning	43,511,637	44,451,340	41,368,424	42,663,938	43,289,056	45,644,753	44,339,503	55,964,095	52,647,353	50,047,844
Total pension liability - ending (a)	\$ -	\$ 43,511,637	\$ 44,451,340	\$ 41,368,424	\$ 42,663,938	\$ 43,289,056	\$ 45,644,753	\$ 44,339,503	\$ 55,964,095	\$ 52,647,353
Plan fiduciary net position										
Contributions - employer	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 279,252	\$ 1,440,995	\$ 1,691,990	\$ 3,126,488
Contributions - employee	-	-	-	-	-	-	-	-	-	1,474
Contributions - buy back	-	-	-	-	-	-	-	-	(1,539,953)	4,572,243
Net investment income	5,222,897	(11,505,629)	14,646,256	5,285,797	2,671,678	6,228,055	7,214,980	7,442,049	(1,539,953)	-
Benefit payments, including refunds of employee contributions	(49,882,318)	(3,226,159)	(3,347,451)	(4,621,109)	(3,523,852)	(3,487,874)	(5,838,344)	(5,336,757)	(3,786,952)	(4,135,338)
Administrative expense	(468,860)	(62,588)	(41,073)	(67,772)	(82,726)	(72,841)	-	-	-	-
Reversion to plan sponsor	(14,405,241)	-	-	-	-	-	-	-	-	-
Other changes	-	-	-	-	-	-	-	-	-	-
Net change in plan fiduciary net position	(59,533,522)	(14,794,376)	11,257,732	596,916	(934,900)	2,667,340	1,655,888	3,546,287	(3,634,915)	3,564,867
Plan fiduciary net position - beginning	59,533,522	74,327,898	63,070,166	62,473,250	63,408,150	60,740,810	59,084,922	55,538,635	59,173,550	55,608,683
Plan fiduciary net position - ending (b)	\$ -	\$ 59,533,522	\$ 74,327,898	\$ 63,070,166	\$ 62,473,250	\$ 63,408,150	\$ 60,740,810	\$ 59,084,922	\$ 55,538,635	\$ 59,173,550
Net pension liability (asset) - ending (a) - (b)	\$ -	\$ (16,021,885)	\$ (29,876,558)	\$ (21,701,742)	\$ (19,809,312)	\$ (20,119,094)	\$ (15,096,057)	\$ (14,745,419)	\$ 425,460	\$ (6,526,197)
Plan fiduciary net position as a percentage of the total pension liability	N/A	136.82%	167.21%	152.46%	146.43%	146.48%	133.07%	133.26%	99.24%	112.40%
Covered employee payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$ 36,342,540	\$ 38,581,076	\$ 32,463,253
Net pension asset as a percentage of covered employee payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-40.57%	1.10%	-20.10%

\* The defined benefit pension plan was terminated as of October 1, 2023 and fully liquidated during the fiscal year ended September 30, 2024

## NORTH BREVARD COUNTY HOSPITAL DISTRICT

### SUPPLEMENTARY INFORMATION - UNAUDITED SCHEDULE OF PENSION CONTRIBUTIONS

Fiscal Year Ended	Actuarially Determined Contribution	Contributions in relation to the Actuarially Determined Contributions	Contribution Deficiency (Excess)	Covered Employee Payroll	Contribution as a percentage of Covered Employee Payroll
9/30/2024	\$ -	\$ -	\$ -	N/A	N/A
9/30/2023	\$ -	\$ -	\$ -	N/A	N/A
9/30/2022	\$ -	\$ -	\$ -	N/A	N/A
9/30/2021	\$ -	\$ -	\$ -	N/A	N/A
9/30/2020	\$ -	\$ -	\$ -	N/A	N/A
9/30/2019	\$ -	\$ -	\$ -	N/A	N/A
9/30/2018	\$ -	\$ -	\$ -	N/A	N/A
9/30/2017	\$ -	\$ 279,252	\$ (279,252)	N/A	N/A
9/30/2016	\$ 1,440,995	\$ 1,440,995	\$ -	\$ 36,342,540	3.97%
9/30/2015	\$ 1,691,990	\$ 1,691,990	\$ -	\$ 38,851,076	4.36%
9/30/2014	\$ 3,126,488	\$ 3,126,488	\$ -	\$ 32,463,253	9.63%
9/30/2013	\$ 3,166,212	\$ 3,166,212	\$ -	\$ 36,159,641	8.76%

Note: The Covered Payroll amounts are shown in compliance with GASB 82, except for the September 30, 2015 measurement period.

Note: The defined contribution pension plan was terminated effective October 1, 2023 and liquidated during the year ended September 30, 2024.

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## SUPPLEMENTARY INFORMATION - UNAUDITED SCHEDULE OF INVESTMENT RETURNS

<b>Fiscal Year Ended September 30,</b>	<b>Annual Money - Weighted Rate of Return Net of Investment Expenses</b>
9/30/2023	12.15%
9/30/2022	-15.76%
9/30/2021	23.72%
9/30/2020	8.75%
9/30/2019	4.60%
9/30/2018	10.51%
9/30/2017	12.69%
9/30/2016	13.57%
9/30/2015	-2.65%
9/30/2014	8.35%
9/30/2013	12.40%

Covered Employee Payroll was projected one year forward from the valuation date for the year ended September 30, 2024. The Plan was terminated effective October 1, 2023 and liquidated during the year ended September 30, 2024 and the valuation was remeasured as of September 30, 2024.

*Difference Between Expected and Actual Experience.* Difference between expected and actual experience reflects the impact of changes to the census data from the prior valuation.

*Changes of Assumptions.* Changes of Assumptions reflects the changes to per-capita claims cost amounts, premium amounts, mortality rates, health care trend rates, and the member health care participation rate. Changes of Assumptions also reflects the effects of changes in the discount rate each year.

The following are the discount rates used in each year:

Fiscal Year Ended September 30, 2024:	6.85%
Fiscal Year Ended September 30, 2023:	6.85%
Fiscal Year Ended September 30, 2022:	6.85%
Fiscal Year Ended September 30, 2021:	6.85%
Fiscal Year Ended September 30, 2020:	7.10%
Fiscal Year Ended September 30, 2019:	4.18%
Fiscal Year Ended September 30, 2018:	3.64%
Fiscal Year Ended September 30, 2017:	3.06%

**NORTH BREVARD COUNTY HOSPITAL DISTRICT**

**SUPPLEMENTARY INFORMATION - UNAUDITED SCHEDULE OF CHANGES IN THE SPONSOR'S TOTAL OPEB LIABILITY AND RELATED RATIOS FOR THE YEARS ENDED SEPTEMBER 30,**

Reporting Period Ending Measurement Date	9/30/2024	9/30/2023	9/30/2022	9/30/2021	9/30/2020	9/30/2019	9/30/2018	9/30/2017
Total OPEB Liability	\$ 2,605	\$ 5,192	\$ 5,207	\$ 2,405	\$ 1,997	\$ 45,916	\$ 49,147	
Service Cost	10,254	6,433	5,861	3,575	4,005	39,982	33,542	
Interest	(202,849)	-	-	-	-	-	-	
Changes of Benefit Terms	-	6,654	-	86,649	-	(169,863)	-	
Differences Between Expected and Actual Experience	(1,172)	(37,370)	(5,866)	88,926	4,315	(864,969)	(64,714)	
Changes of Assumptions	(41,890)	(14,784)	(13,817)	(6,913)	(6,431)	(12,989)	(11,944)	
Benefit Payments	(233,052)	(33,875)	(8,615)	174,642	3,886	(961,923)	6,031	
Net Change in Total OPEB Liability	233,052	266,927	275,542	100,900	97,014	1,058,937	1,052,906	
Total OPEB Liability - Beginning	-	\$ 233,052	\$ 266,927	\$ 275,542	\$ 100,900	\$ 97,014	\$ 1,058,937	
Covered Employee Payroll (Projected)*	\$ 37,405,460	\$ 34,889,898	\$ 46,049,641	\$ 44,001,018	\$ 31,946,090	\$ 30,169,128	\$ 41,070,015	

Total OPEB Liability as a percentage of covered employee payroll

	N/A	0.67%	0.58%	0.63%	0.32%	0.32%	2.58%
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During the ended September 30, 2024, the OPEB liability was adjusted to zero as there are no longer any eligible current or future beneficiaries of the other post retirement benefits offered by the District. As such, this plan is deemed to be terminated.

Notes to Schedule: The District implemented GASB Statement No. 75 for the fiscal year ended September 30, 2018, including a restatement as of September 30, 2017. Information for prior years is not available.

Covered Employee Payroll was projected one year forward from the valuation date for the year ended September 30, 2023.

Difference Between Expected and Actual Experience. Difference between expected and actual experience reflects the impact of changes to the census data from the prior valuation to the valuation as of October 1, 2020.

Changes of Assumptions. Changes of Assumptions reflects the changes to per-capita claims cost amounts, premium amounts, mortality rates, health care trend rates, and the member health care participation rate. Changes of Assumptions also reflects the effects of changes in the discount rate each year.

The following are the discount rates used in each year:

Fiscal Year Ended September 30, 2024:	4.77%
Fiscal Year Ended September 30, 2023:	4.77%
Fiscal Year Ended September 30, 2022:	2.43%
Fiscal Year Ended September 30, 2021:	2.14%
Fiscal Year Ended September 30, 2020:	3.58%
Fiscal Year Ended September 30, 2019:	4.18%
Fiscal Year Ended September 30, 2018:	3.64%
Fiscal Year Ended September 30, 2017:	3.06%

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## NOTES TO REQUIRED SUPPLEMENTARY INFORMATION (UNAUDITED) YEAR ENDED SEPTEMBER 30, 2024

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### Pension Assumptions

Note: These assumptions were utilized in the September 30, 2023 measurement of the Pension and updated for the remeasurement as of September 30, 2024 due to the termination and liquidation of the Pension Plan.

Valuation Date: October 1, 2022

Actuarially determined contribution rates were calculated as of October 1, two years prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine contribution rates:

Cost Method: Aggregate Actuarial Cost Method.

Interest Rate: 6.85% per year compounded annually, gross of investment-related expenses. This assumption is consistent with the Pension Plan's investment policy and long-term expected return by asset class.

Inflation: 2.8% per year

Lump Sum Assumptions: The minimum guaranteed lump sum (the frozen vested accrued benefit as of January 9, 2006) is based on the Pension Plan-specific 1971 Group Annuity Mortality Table for Males and an assumed PBGC discount rate as of each October 1 of the valuation year. For the October 1, 2022 valuation, utilized segment rates equal to 5.10% for the first five years, 5.83% for the next 15 years and 5.68% thereafter. Effective January 2021, PBGC uses IRS 417(e)(3) interest rates for varying lump sums.

The base lump sum is based on 8.00% for annum, compounded annually, and the mortality table prescribed by the Secretary of the Treasury (the "Secretary") in accordance with Section 417(e)(3)(A)(ii)(I) of the Internal Revenue Code, as applicable for the year in which the valuation is performed. This is in accordance with the Plan's definition of Actuarial Equivalence.

Mortality Rates:

Healthy Active Lives:

Female: PubG.H-2010 for Employees.

Male: PubG.H-2010 for Employees, set back one year.

Healthy Retiree Lives:

Female: PubG.H-2010 for Healthy Retirees.

Male: PubG.H-2010 (Below Median) for Healthy Retirees, set back one year.

Beneficiary Lives:

Female: PubG.H-2010 (Below Median) for Healthy Retirees

Male: PubG.H-2010 for Healthy Retirees, set back one year.

Disabled Lives:

PubG.H-2010 for Disabled Retirees, set forward three years.

All rates are projected generationally with Mortality Improvement Scale MP-2018 which sufficiently accommodates future mortality improvements.

The previously described mortality assumption rates were mandated by Chapter 2015-157, Laws of Florida. This law mandates the use of the assumptions used in either of the two most recent valuations of the Florida Retirement System (FRS). The above rates are those outlined in Milliman's July 1, 2021 FRS valuation report for non-special-risk employees, with appropriate assumptions made based on plan demographics.

Post Retirement COLA:	Not applicable.
Payroll Growth Assumption:	None necessary for amortization purposes under the Aggregate Actuarial Cost Method.
Administrative Expenses:	Liability for future non-investment related expense is the present value of the future anticipated expenses over 15 years, based on the average of actual expenses incurred in the prior two fiscal years (\$51,831).
Funding Method:	Aggregate Actuarial Cost Method.
Actuarial Asset Method:	All assets are valued at market value, with an adjustment made to uniformly spread actuarial investment gains and losses (as measured by actual market value investment return against expected market value investment return) over a five-year period.
Normal Retirement:	The below rates were adopted by the Board, as the result of an Actual Experience Study dated September 10, 2021.

Number of Years after First Eligible	Retirement Probability*
0 – 3	25%
4 – 9	20%
10 and Over	10%

\* 100% at Age 70, regardless of years after first eligibility

Early Retirement:	Commencing at eligibility for Early Retirement (Age 55 with 20 years of Credited Service), Members are assumed to retire with an immediate benefit at the rate of 10% per year. This assumption was adopted by the Board, as the result of an Actuarial Experience Study dated September 10, 2021.
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Disability Rates:	Age	Disability Rates
	20	0.007%
	25	0.009%
	30	0.011%
	35	0.014%
	40	0.019%
	45	0.030%
	50	0.051%
	55	0.096%
	60	0.166%
	65	---

The sample disability rates were adopted by the Board as a result of an Actuarial Experience Study dated September 10, 2021.

Termination Rate:	Age	Service	Termination Rates
	Under 60	Under 10	15.0%
	Under 60	10 – 19	10.0%
	Under 60	20 – 29	6.0%
	Under 60	30 and Over	0%
	60 – 64	Under 30	15.0%
	60 – 64	30 and Over	0.0%
	65 and Older	All Services	0%

The above rates were adopted by the Board, as the result of an Actuarial Experience Study dated September 10, 2021.

Salary Increases: Not Applicable. Benefits are frozen as of October 2016.

Lump Sum Elections: 60% of Members separating employment immediately eligible for retirement are assumed to take a lump sum. 75% of Members separating employment not immediately eligible to commence a monthly benefit are assumed to take a lump sum. These rates were adopted by the Board as a result of an Actuarial Experience Study dated September 30, 2021.

# NORTH BREVARD COUNTY HOSPITAL DISTRICT

## NOTES TO REQUIRED SUPPLEMENTARY INFORMATION (UNAUDITED) YEAR ENDED SEPTEMBER 30, 2024

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### OPEB Actuarial Assumptions and Funding Methods

Note: These assumptions were utilized in the September 30, 2023 measurement of the OPEB liability and updated for the remeasurement as of September 30, 2024 due to the deemed termination of the OPEB plan.

#### Actuarial Assumptions

Valuation Date	September 30, 2022
Measurement Date	September 30, 2024
Fiscal Year End	September 30, 2024
Discount Rate	4.77%. Based on September 30, 2022 S&P Municipal Bond 20 Year High Grade Rate Index as published by S&P Dow Jones Indices.
Mortality Rate	<p><u>Healthy Active Lives:</u>                      Female: Headcount-weighted PubG-2010 female employee, Scale MP-2018.                      Male: Headcount-weighted PubG-2010 male employee with one-year setback, Scale MP-2018.</p> <p><u>Healthy Inactive Lives:</u>                      Female: Headcount-weighted PubG-2010 female healthy retiree, Scale MP-2018.                      Male: Headcount-weighted PubG-2010 male below-median income healthy retiree with one-year setback, Scale MP-2018.</p> <p><u>Disabled Lives:</u>                      Female: Headcount-weighted PubG-2010 female disabled retiree, set forward 3 years, Scale MP-2018.                      Male: Headcount-weighted PubG-2010 male disabled retiree, Scale MP-2018.</p>

#### Retirement Rates

##### Normal Retirement:

Number of Years after First Eligible	Retirement Probability
0 – 3	25%
4 – 9	20%
10 and Over	10%

##### Early Retirement:

Commencing at eligibility for Early Retirement (Age 55 with 20 years of Credited Service), Members are assumed to retire with an immediate benefit at the rate of 10% per year.

The above rates were adopted by the Board as the result of an Experience Study dated September 30, 2021.

Inflation 2.50% per year.

Salary Increase Rate Sample rates below:

Years of Service	Rate
0	10.5%
5	6.8%
10	5.6%
15	5.2%
20 and Over	4.5%

Marital Status 50% assumed married, with male spouses 3 years older than female spouses.

Health Care Participation Prior to October 1, 2023: 2.5% participation assumed pre-65, - % participation assumed post-65, with 50% electing spouse coverage. This assumption was developed based on 3 ½ years of experience provided by Parrish Medical Center showing that less than 2% of retirees elect coverage under the plan.

There are no longer any eligible current or future beneficiaries of this benefit.

Health Care Inflation Initial rate of 7.25% in fiscal 2023, then 7.00% in fiscal 2024, grading down to the ultimate trend rate of 4.00% in fiscal 2075.

Fiscal Year	Rate
2024	7.00%
2025	6.75%
2026	6.50%
2027	6.25%
2028	6.00%
2029	5.75%
2030	5.50%
2031-2052	5.25%
2053-2060	5.00%
2061-2067	4.75%
2068-2071	4.50%
2072-2074	4.25%
2075+	4.00%

Termination Rate:

Age	Service	Termination Rates
Under 60	Under 10	15.0%
Under 60	10 – 19	10.0%
Under 60	20 – 29	6.0%
Under 60	30 and Over	0%
60 – 64	Under 30	15.0%
60 – 64	30 and Over	0.0%
65 and Older	All Services	0%

The above rates were adopted by the Board, as the result of an Experience Study dated September 10, 2021.

Disability Rates	Age	Rates
	20	0.007%
	25	0.009%
	30	0.011%
	35	0.014%
	40	0.019%
	45	0.030%
	50	0.051%
	55	0.096%
	60	0.166%

The above rates were adopted by the Board as the result of an Experience Study dated September 30, 2021.

Medical Aging Factors                      Developed based on a study performed by Dale Yamamoto for the Society of Actuaries. Used to measure the annual increases in per capita claim costs for each age and relative cost by gender. See the SOA report titled “Health Care Costs – From Birth to Death” for more details.

Health Claims                                      Developed using a blend of manual and active fully insured rates.

Funding Method                                      Entry Age Cost Method (Level Percentage of Pay)

**OTHER SUPPLEMENTARY INFORMATION  
FOR THE YEAR ENDED SEPTEMBER 30, 2024**

**NORTH BREVARD COUNTY HOSPITAL DISTRICT**

**SUPPLEMENTARY INFORMATION - CONSOLIDATING STATEMENT OF NET POSITION  
SEPTEMBER 30, 2024**

	<b>North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)</b>	<b>North Brevard Medical Support, Inc.</b>	<b>Eliminations</b>	<b>North Brevard County Hospital District</b>
<b>ASSETS</b>				
<b>CURRENT ASSETS:</b>				
Cash and cash equivalents	\$ 21,112,985	\$ 844,080	\$ -	\$ 21,957,065
Investments	17,561,299	5,226,233	-	22,787,532
Restricted assets - held by trustee and required for current liabilities	1,127,014	-	-	1,127,014
Patient accounts receivable - net	19,180,983	-	-	19,180,983
Supplies	2,605,393	-	-	2,605,393
Prepaid expenses and other assets	19,075,824	2,794,792	1,472,880	23,343,496
Total current assets	80,663,498	8,865,105	1,472,880	91,001,483
<b>OTHER ASSETS:</b>				
Funded depreciation	17,561,299	-	-	17,561,299
Net pension asset	-	-	-	-
Investments, less current portion	-	-	-	-
Deposits and other assets	4,426,874	2,715,653	(4,402,853)	2,739,674
Temporarily donor-restricted funds	185,733	-	-	185,733
Capital assets, net	48,084,079	480,816	-	48,564,895
Right to use and subscription-based assets, net	19,460,089	-	-	19,460,089
Total assets	170,381,572	12,061,574	(2,929,973)	179,513,173
<b>DEFERRED OUTFLOWS:</b>				
Series 2008 Bond refunding	8,628,370	-	-	8,628,370
Pension	-	-	-	-
Other post-employment benefits	-	-	-	-
Total deferred outflows	8,628,370	-	-	8,628,370
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	<b>\$ 179,009,942</b>	<b>\$ 12,061,574</b>	<b>\$ (2,929,973)</b>	<b>\$ 188,141,543</b>

(Continued)

## NORTH BREVARD COUNTY HOSPITAL DISTRICT

### SUPPLEMENTARY INFORMATION - CONSOLIDATING STATEMENT OF NET POSITION SEPTEMBER 30, 2024

	North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)	North Brevard Medical Support, Inc.	Eliminations	North Brevard County Hospital District
<b>LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>				
<b>CURRENT LIABILITIES:</b>				
Accounts payable	\$ 25,443,241	\$ 1,575,768	\$ 1,472,880	\$ 28,491,889
Accrued health insurance and workers' compensation	2,041,335	-	-	2,041,335
Accrued salaries and employee leave bank	7,689,453	-	-	7,689,453
Other current liabilities	1,794,761	694,710	-	2,489,471
Estimated third-party settlements	1,001,861	-	-	1,001,861
Line of credit	-	-	-	-
Current portion of long-term obligations	2,930,000	-	-	2,930,000
Current portion of lease and subscription-based obligations	4,462,263	-	-	4,462,263
Total current liabilities	45,362,914	2,270,478	1,472,880	49,106,272
<b>NON-CURRENT LIABILITIES:</b>				
Accrued medical malpractice	-	336,861	-	336,861
Accrued other post-employment benefits	-	-	-	-
Other liabilities	258,820	4,403,093	(4,402,853)	259,060
Long-term debt, net of current portion	73,524,000	-	-	73,524,000
Long-term lease and subscription-based obligations, net of current portion	16,186,977	-	-	16,186,977
Total liabilities	135,332,711	7,010,432	(2,929,973)	139,413,170
<b>NET POSITION:</b>				
Investment in capital assets, net of related debt	(20,930,702)	480,816	-	(20,449,886)
Restricted by donors	185,733	-	-	185,733
Restricted for debt service	1,127,014	-	-	1,127,014
Unrestricted	63,295,186	4,570,326	-	67,865,512
Total net position	43,677,231	5,051,142	-	48,728,373
<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>	\$ 179,009,942	\$ 12,061,574	\$ (2,929,973)	\$ 188,141,543

*(Concluded)*

**NORTH BREVARD COUNTY HOSPITAL DISTRICT**

**SUPPLEMENTARY INFORMATION - CONSOLIDATING STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**  
**YEAR ENDED SEPTEMBER 30, 2024**

	<b>North Brevard County Hospital District Operating Parrish Medical Center (Obligated Group)</b>	<b>North Brevard Medical Support, Inc.</b>	<b>Eliminations</b>	<b>North Brevard County Hospital District</b>
<b>OPERATING REVENUE:</b>				
Net patient service revenue	\$ 165,309,474	\$ -	\$ -	\$ 165,309,474
Other operating revenue	1,489,652	-	-	1,489,652
Total operating revenue	166,799,126	-	-	166,799,126
<b>OPERATING EXPENSES:</b>				
Salaries and wages	52,846,615	-	-	52,846,615
Employee benefits	11,298,887	-	-	11,298,887
Medications and supplies	24,425,092	-	-	24,425,092
Professional fees and contractual services	33,097,222	-	551,799	33,649,021
Other operating expenses	20,479,159	-	(1,560,000)	18,919,159
Depreciation and amortization	8,024,078	-	-	8,024,078
Interest expense	3,104,063	-	-	3,104,063
Total operating expenses	153,275,116	-	(1,008,201)	152,266,915
<b>INCOME FROM OPERATIONS</b>	13,524,010	-	1,008,201	14,532,211
<b>NON-OPERATING REVENUES (EXPENSES):</b>				
Investment income, net	6,310,586	867,994	-	7,178,580
Other non-operating revenue (expenses), net	(12,288,678)	(2,930,876)	(1,008,201)	(16,227,755)
Internal grants	(2,713,279)	2,713,279	-	-
Total non-operating revenues (expenses), net	(8,691,371)	650,397	(1,008,201)	(9,049,175)
<b>CHANGE IN NET POSITION BEFORE SPECIAL ITEM</b>	4,832,639	650,397	-	5,483,036
<b>SPECIAL ITEM - NET LOSS ON PENSION TERMINATION</b>	(8,855,701)	-	-	(8,855,701)
<b>CHANGE IN NET POSITION</b>	<u>\$ (4,023,062)</u>	<u>\$ 650,397</u>	<u>\$ -</u>	<u>\$ (3,372,665)</u>

## **OTHER REPORT**

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

Board of Directors and Audit Committee  
North Brevard County Hospital District  
Titusville, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of North Brevard County Hospital District (the "District") as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated January 20, 2025.

### ***Report on Internal Control over Financial Reporting***

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

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

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

### ***Report on Compliance and Other Matters***

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

Pursuant to the provisions of Chapter 10.500, *Rules of the Auditor General*, we reported certain matters to management of the District in an Independent Auditor's Management Letter dated January 20, 2025.

***Purpose of this Report***

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

**Forvis Mazars, LLP**

**Tampa, Florida  
January 20, 2025**

## **Independent Auditor's Management Letter**

Board of Directors and Audit Committee  
North Brevard County Hospital District  
Titusville, Florida

### **Report on the Financial Statements**

We have audited the financial statements of North Brevard County Hospital District (the "District") as of and for the fiscal year ended September 30, 2024, and have issued our report thereon dated January 20, 2025.

### ***Auditor's Responsibility***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America, and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States of America and Chapter 10.550, *Rules of the Florida Auditor General*.

### ***Other Reporting Requirements***

We have issued our Independent Auditor's Report on Internal Control Over Financial Reporting and Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Governmental Auditing Standards*; Independent Auditor's Report on Compliance with Bond Covenants; and Independent Accountant's Report on an examination conducted in accordance with *AICPA Professional Standards*, AT-C Section 315, regarding compliance requirements in accordance with Chapter 10.550, *Rules of the Auditor General*. Disclosures in those reports, which are dated January 20, 2025, should be considered in conjunction with this management letter.

### ***Prior Audit Findings***

Section 10.554(1)(i)1., *Rules of the Auditor General*, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. There were no prior audit findings.

### ***Official Title and Legal Authority***

Section 10.554(1)(i)4., *Rules of the Auditor General*, requires that the name or official title and legal authority for the primary government and each component unit of the reporting District be disclosed in this management letter, unless disclosed in the notes to the financial statements.

The District was established under the laws of the state of Florida in 1953 under an original act included in Chapter 28924, House Bill 1370, and operates Parrish Medical Center, a community hospital providing inpatient and outpatient healthcare services in North Brevard County, Florida. The legal authority is disclosed in the notes to the financial statements. The District's financial statements include the North Brevard Medical District, a blended component unit.

### **Financial Condition and Management**

Sections 10.554(1)(i)5.a. and 10.556(7), *Rules of the Auditor General*, require us to apply appropriate procedures and communicate the results of our determination as to whether or not the District met one or more of the conditions described in Section 218.503(1), Florida Statutes, and to identify the specific condition(s) met. In connection with our audit, we determined that the District did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.b. and 10.556(8), *Rules of the Auditor General*, we applied financial condition assessment procedures for the District. It is management's responsibility to monitor the District's financial condition, and our financial condition assessment was based, in part, on representations made by management and the review of financial information provided by same.

Section 10.554(1)(i)2., *Rules of the Auditor General*, requires that we communicate any recommendations to improve financial management. In connection with our audit, we did not have any such recommendations.

### **Special District Component Units**

Section 10.554(1)(i)5.c., *Rules of the Auditor General*, requires, if appropriate, that we communicate the failure of a special district that is a component unit of a county, municipality, or special district, to provide the financial information necessary for proper reporting of the component unit within the audited financial statements of the county, municipality, or special district in accordance with Section 218.39(3)(b), Florida Statutes. In connection with our audit, we did not note any special district component units that failed to provide the necessary information for proper reporting in accordance with Section 218.39(3)(b), Florida Statutes.

As required by Section 218.39(3)(c), Florida Statutes, and Section 10.554(1)(i)6, *Rules of the Auditor General*, the District reported:

- The total number of district employees compensated in the last pay period of the District's fiscal year as 1,079.
- The total number of independent contractors to whom nonemployee compensation was paid in the last month of the District's fiscal year as 1.
- All compensation earned by or awarded to employees, whether paid or accrued, regardless of contingency as \$52,846,615.
- All compensation earned by or awarded to nonemployee independent contractors, whether paid or accrued, regardless of contingency as \$519,231.
- There were no applicable construction projects with at least \$65,000 approved by the District that were scheduled to begin on or after October 1 of the fiscal year being reported.
- A budget variance based on the budget adopted under Section 189.016(4), Florida Statutes, before the beginning of the fiscal year being reported if the district amends a final adopted budget under Section 189.016(6), Florida Statutes, as \$0.

### **Additional Matters**

Section 10.554(1)(i)3., *Rules of the Auditor General*, requires us to communicate noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but which warrants the attention of those charged with governance. In connection with our audit, we did not have any such findings.

***Purpose of this Letter***

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, the Board of Directors, and applicable management, and is not intended to be, and should not be used by anyone other than these specified parties.

***Forvis Mazars, LLP***

**Tampa, Florida  
January 20, 2025**

## Independent Accountant's Report

Board of Directors and Audit Committee  
North Brevard County Hospital District  
Titusville, Florida

We have examined North Brevard County Hospital District's (the "District") compliance with the requirements of Section 218.415, Florida Statutes, during the fiscal year ended September 30, 2024. Management is responsible for the District's compliance with those requirements. Our responsibility is to express an opinion on the District's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the District complied with those requirements, in all material respects. An examination involves performing procedures to obtain evidence about the District's compliance with those requirements. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the District's compliance with specified requirements.

In our opinion, the District complied, in all material respects, with the aforementioned requirements for the fiscal year ended September 30, 2024.

**Forvis Mazars, LLP**

**Tampa, Florida  
January 20, 2025**