



**Office of the Washington State Auditor
Pat McCarthy**

December 16, 2024

Board of Commissioners
EvergreenHealth
Kirkland, Washington

**Contracted CPA Firm's Audit Report on Financial Statements and
Single Audit**

We have reviewed the audit report issued by a certified public accounting (CPA) firm on the financial statements and compliance with federal grant requirements of EvergreenHealth for the fiscal years ended December 31, 2023 and 2022. The District contracted with the CPA firm for this audit and requested that we accept it in lieu of performing our own audit.

Based on this review, we have accepted this report in lieu of the audit required by RCW 43.09.260. The Office of the Washington State Auditor did not audit the accompanying financial statements or EvergreenHealth's compliance with federal grant agreements and, accordingly, we do not express an opinion on those financial statements or on compliance.

This report is being published on the Office of the Washington State Auditor website as a matter of public record.

Sincerely,

Pat McCarthy, State Auditor
Olympia, WA

Americans with Disabilities

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KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Single Audit Report

Year Ended December 31, 2023

(With Independent Auditors' Reports Thereon)

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Table of Contents

	Page(s)
Independent Auditors' Report	1–3
Management's Discussion and Analysis (Unaudited)	4–17
Basic Financial Statements:	
Statements of Net Position	18–19
Statements of Revenue, Expenses, and Changes in Net Position	20
Statements of Cash Flows	21–22
Notes to Basic Financial Statements	23–61
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With <i>Government Auditing Standards</i>	62–63
Independent Auditors' Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance	64–66
Schedule of Expenditures of Federal Awards	67
Notes to Schedule of Expenditures of Federal Awards	68
Schedule of Findings and Questioned Costs	69–70



KPMG LLP
Suite 2800
401 Union Street
Seattle, WA 98101

Independent Auditors' Report

The Board of Commissioners
King County Hospital District No. 2 d/b/a EvergreenHealth:

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and the discretely presented component unit of King County Public Hospital District No. 2 d/b/a EvergreenHealth (the District), as of and for the years ended December 31, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements for the years then ended as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component unit of the District, as of December 31, 2023 and 2022, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinions

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

Responsibilities of Management for the Financial Statements

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

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



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

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

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

Required Supplementary Information

U.S. generally accepted accounting principles require that management's discussion and analysis be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits 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 May 30, 2024 on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance



with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

KPMG LLP

Seattle, Washington
May 30, 2024

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

This discussion and analysis of King County Public Hospital District No. 2, d/b/a EvergreenHealth (the District) provides an overview of the District's financial activities for the years ended December 31, 2023 and 2022. Please read it in conjunction with the District's financial statements, which follow this analysis.

The District is a municipal corporation of the State of Washington formed under the provisions of Chapter 70.44 of the Revised Code of Washington. The District is considered a political subdivision of the State of Washington and is allowed by law to be its own Treasurer.

The District includes the incorporated cities of Kirkland, Redmond, Woodinville, Kenmore, and Duvall, portions of Bothell, Sammamish, and Carnation, as well as adjacent unincorporated areas.

The District's primary operations include Evergreen Hospital Medical Center (the Medical Center), an acute care hospital with 354 licensed beds and a 15-bed freestanding inpatient hospice care center.

Type of beds	Number of beds	License category
Critical care	56	Acute
Family maternity	36	Acute
Acute rehabilitation	14	Acute rehab
Medical/surgical	205	Acute
Neonatal intensive care unit (Level II = 29 beds; Level III = 14 beds)	43	Acute/newborn
Total beds for hospital acute license	354	
Hospice Care Center	15	Hospice

The Medical Center is accredited by the Joint Commission, a nonprofit organization that accredits more than 22,000 healthcare organizations and programs in the United States. The Medical Center provides clinical excellence in primary care and over 80 specialties, including heart and vascular care, 24-hour level III trauma emergency care, cancer care, diabetes care, musculoskeletal and spine care, sleep services, oncology, surgical care, orthopedics, neurosciences, women's and children's services, and pulmonary care.

The employed physician practices comprise 76 and 80 primary care providers in 2023 and 2022, respectively, and 316 and 273 specialty care providers in 2023 and 2022, respectively. Since 1972, the District's patient and family centered care philosophy, combined with its commitment to advancing medical solutions, has enabled the District to focus on providing excellent patient care.

The District is governed by a board of seven publicly elected commissioners, each elected by district residents to serve a six-year term in accordance with the laws of the State of Washington. The commissioners have delegated day-to-day operations of the District and the Medical Center to the chief executive officer/superintendent.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Utilization Statistics

Historical patient utilization data of the District's facilities is shown in the following table:

Utilization statistics	2023	2022	2021
Hospital Acute Licensed Care beds	354	318	318
Hospice Care Center Licensed beds	15	15	15
Acute care admissions	16,418	15,400	14,650
Acute care adjusted admissions*	40,541	37,120	35,449
Acute care patient days	78,228	73,661	66,833
Acute care adjusted patient days*	195,691	203,273	189,598
Acute care average length of stay	5	5	5
Occupancy (based on acute care licensed beds)	60.5 %	63.5 %	57.6 %
Observation days	1,921	3,684	3,425
Inpatient surgeries	2,662	1,973	2,224
Outpatient surgeries	15,140	13,569	12,716
Home health episodes and admissions	12,435	11,347	11,775
Home Hospice program days	191,161	188,543	189,931
Emergency room visits	60,336	62,462	56,652
Urgent care wRVUs	162,204	158,300	121,233
Primary care wRVUs	501,176	457,656	370,957
Specialty care wRVUs	1,487,979	1,284,404	1,021,184

* The term *adjusted*, commonly used in industry, measures the volume of service provided to inpatients and outpatients.

Economic Factors Affecting the Current Environment and Future Direction of the District

The future direction of EvergreenHealth is guided by its vision to “create an inclusive community health system that is the most trusted source for healthcare solutions.” The District takes a long-term, strategic view on the future of healthcare in the community and responds with plans that consider that perspective. Challenges and opportunities that face the District are similar to those that face the healthcare industry across the country. Among those issues are:

COVID-19 Pandemic Implications

In December 2019, a novel coronavirus (COVID-19) was identified in China and began to spread to other geographical locations, including the United States. EvergreenHealth was the initial “epicenter” of COVID-19, having reported the first two coronavirus deaths in the nation known at that time. As the result of COVID-19, healthcare organizations were faced with adverse financial impacts, volume-related and otherwise, supply chain disruptions, and difficulties with access to labor.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

As a result of the first known COVID-19 deaths, the Governor of the State of Washington declared a state of emergency on February 29, 2020. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic, and on March 13, 2020, the President of the United States declared a national emergency, which expired on April 11, 2023.

The District was among the first health systems to proactively postpone elective surgeries to preserve resources and supplies for the potential COVID-19 surge, which was then mandated for all Washington hospitals by Governor Jay Inslee on March 19, 2020. The cancellation of elective and nonurgent services during this period had a significant impact on volumes and financial performance. The District received government funding to aid in the reimbursement of additional expenses and the recovery of lost revenues, which were presented in the financial results for fiscal years 2022 and 2023. Throughout fiscal years 2022 and 2023, there have been several surges of COVID-19 patients and episodes of cancellations of elective and nonurgent services. The District continued the efforts to treat COVID-19 patients while maintaining "normal" operations.

Other Economic Factors

- **Financial Performance:** The District continues to implement service enhancement and growth plans, discussed below, which require significant capital outlays. The investment in new and expanded facilities may put initial financial constraints on the organization; however, management believes the District is positioned to better serve the needs of the community.
- **Competition:** The Puget Sound has experienced increased market consolidation and collaboration between healthcare providers over the past several years. In addition, competitors have opened traditional and nontraditional healthcare facilities both within and around the District boundaries with the intention of drawing patients from the service area. Competition includes not only local brick and mortar facilities, but also virtual/telehealth providers funded through venture capital or large organizations.
- **Operating Costs:** The volume indicators for acute care admissions, including deliveries, increased 6.6% and surgery counts increased 14.5% when compared to 2022. The District has continued working to manage its operating costs in line with volumes. Labor, including benefits, is the most significant operating cost for the District, representing approximately 67% of annual expenses. The District continues to implement various cost-saving initiatives, including supply chain standardization and improved labor productivity management.
- **Regulatory Environment:** Continued focus by regulatory agencies on the healthcare industry may impact the District.
- **Labor Availability:** Throughout 2023, the District continued to increase Nurse Tech roles, its New To Specialty programs and Registered Nurse (RN) Residency programs to decrease reliance on RN agency/traveler personnel and to proactively address expected RN retirements. Additionally, the District implemented several new RN recruitment and retention initiatives. Labor shortages also continued for various other positions. The District continued to experience high patient volumes in combination with a significant RN labor shortage resulting in an increase in agency RN and other clinical contracted personnel. To meet the demand in the labor market for more flexible work schedules, the District created more self-scheduling and part-time opportunities for staff. Approximately 47% of the District's 5,073 employees are members of one of four labor unions. The Washington State Nursing Association (WSNA), which

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

represents approximately 1,197 Registered Nurses, last negotiated its labor contract in 2021 and is next scheduled to negotiate in the fall of 2024. The United Food and Commercial Workers (UFCW) union, which represents approximately 201 professional/technical employees, last negotiated its labor contract in 2023 and is scheduled to negotiate in 2026. The International Union of Operating Engineers (IUOE), which represents approximately 23 facilities/grounds employees, last negotiated its labor contract in 2022 and is next scheduled to negotiate in early 2026. The Service Employees International Union (SEIU) Healthcare 1199NW, which represents approximately 882 service employees and about 103 social workers/chaplains, last negotiated in 2022 and is next scheduled to negotiate in the fall of 2025.

- **Contracting/Risk Sharing Arrangements:** The District has six pay for performance contracts in effect as of 2023 with payors; three for the Medical Center and three for the EvergreenHealth Medical Group, a physician led, physician designed group of more than 350 primary care doctors and specialists. Via the Eastside Health Network, EvergreenHealth participates in an additional seven value-based commercial contracts plus five Medicare Advantage contracts. All of these contracts are “layered” on top of existing fee for service arrangements between the District and those payors and provides for incentives based upon overall performance against specific goals related to efficiency, quality and patient satisfaction. See additional discussion under partnerships.
- **Payor Reimbursement:** Reimbursement for patient services from federal, state, and private insurance payors continues to be a concern as healthcare costs continue to rise. The District monitors reimbursement closely and works with payors in an effort to maintain payment levels and earn value-based reimbursement model revenue.
- **Partnerships:** During 2023 and 2022, the District continued to develop its strategic alliances with Fred Hutchinson Cancer Center (formerly Seattle Cancer Care Alliance), EvergreenHealth Monroe (EHM) and Overlake Hospital Medical Center (Overlake).

Overlake Hospital Medical Center – In 2016, the Boards of the District and Overlake approved the exploration of a joint venture called *Eastside Health Alliance*. In November 2016, a letter of intent to form the joint venture was signed by the District and Overlake. The joint venture, which is designed to advance the shared mission of improving the health of Puget Sound’s Eastside community, was subsequently approved by both Boards in January 2017. Eastside Health Alliance has been focusing on three specific areas guided by a joint venture board, comprising three board members and the CEO from each organization. The three areas include:

- A coordinated quality and safety program,
- An Eastside-focused clinically integrated network, Eastside Health Network, that combined the Overlake Provider Network and EvergreenHealth Partners, LLC,
- Service line collaborations in cardiac services and neurosciences. Both services lines are integrated from a clinical perspective. The cardiac and neurosciences service lines have been financially integrated since 2017 and 2020, respectively.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Fred Hutchinson Cancer Center – The Halvorson Cancer Center, in collaboration with Fred Hutchinson Cancer Center, has a shared vision to provide the highest-quality, patient-centered, innovative, and integrated care for cancer patients at EvergreenHealth. The partnership connects patients to promising new treatments with on-site access to the innovative research programs and breakthrough clinical trials of Fred Hutchinson Cancer Center. The Halvorson Cancer Center treated 1,403 cancer cases in 2023, an increase of 146 cases over the prior year.

EvergreenHealth Monroe – The District's partnership with EHM continues to grow. EHM is governed by the Alliance Governance Board. Both organizations remain independently and separately governed, licensed, and accredited. The purpose of the affiliation is to provide EHM the ability to better serve its community through enhanced clinical services and to adopt the District's approaches to clinical outcomes, patient safety, and patient experience. Governmental Accounting Standards Board (GASB) No. 14 establishes that financial statements of the reporting entity generally should allow the users to distinguish between the primary government and its component units. EHM is reported within the District's financial statements as a discretely presented component unit in accordance with government accounting standards.

Other substantial changes anticipated in the US healthcare system include numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement of healthcare providers, and the legal obligations of health insurers, providers, and employers. Increasing patient obligations through high-deductible plans and increased premiums may increase bad debt. Management will continue evaluating its response to various healthcare reform components as they develop.

The District recognizes that providing the community with high-quality healthcare goes beyond offering outstanding programs and services. As the community continues to grow and age, the District must keep pace with the need for more types of services. The 2023 population within the District's boundaries is estimated to be 348,424. The population is projected to grow 2.97% over the next five years and reach 358,772 in 2028 according to the Environmental Systems Research Institute. The most recent version of the District's Master Campus Plan filed and approved with the City of Kirkland in February 2017 includes facility and service expansions based on projected needs.

2023 Highlights

• **Governance and Leadership**

- Jeff Cashman appointed to King County Public Hospital District No. 2 Board of Commissioners
- Nancy Stewart appointed to King County Public Hospital District No. 2 Board of Commissioners
- Ettore Palazzo, MD promoted to Chief Executive Officer
- David Likosky, MD promoted to Chief Medical & Quality Officer
- Mark Wimley promoted to Chief Operating Officer of the Medical Group
- Jenny Churas appointed as General Counsel
- Frank Hemeon appointed as Interim Chief Financial Officer

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

- **Initiated or Completed Projects**

- Gastroenterology Program launched with Advanced Endoscopy Surgeon in Kirkland
- Heart Care Clinic opened in Monroe
- Specialty Care opened in Canyon Park (Obstetrics, Orthopedics and Physiatry)
- Urgent Care opened in Canyon Park
- Behavioral Health Services opened in Canyon Park
- Lab Outreach Program opened in Kirkland
- Opened a Primary Care clinic in Redmond Town Center
- Certificate of Need received from Department of Health for an additional 36 acute care beds
- Family Maternity Center and the Neonatal Intensive Care unit renovations completed to increase the overall delivery capacity
- Patient appointment self-scheduling launched

- **Recognition and Awards**

- Received DNV Certification as a Total Joint Replacement Center of Excellence (the only certification in the Puget Sound Area)
- Received the Good Install award from Epic, an electronic medical record system launched in October 2022
- Recognized by Healthgrades as America's 50 Best Hospitals for the third year in a row, placing EvergreenHealth in the top 1% of hospitals for clinical excellence
- Recognized by Healthgrades as America's 100 Best Hospitals for Specialty Care, placing EvergreenHealth in the top 2% for special care clinical excellence
- Achieved Bronze recognition in the American Medical Association's 2023 Joy of Medicine™ Health System Recognition Program
- Achieved 10 consecutive 'A' Hospital Safety Grades from The Leapfrog Group

Overview of the Financial Statements

The District's financial statements consist of three components: statements of net position; statements of revenue, expenses, and changes in net position; and statements of cash flows. The activities of EvergreenHealth Foundation (the Foundation) are included with the District's financial statements as a blended component unit. These financial statements and related notes provide information about the activities of the District, including resources held by the District designated for specific purposes. The statements of net position include all of the District's assets and liabilities, using the accrual basis of accounting, as well as an indication about which assets can be utilized for general purposes and which are restricted for a specific purpose. The statements of revenue, expenses, and changes in net position report all of the revenue, expenses, and changes in net position during the time periods indicated. The statements of cash flows report the cash

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

provided by the District's operating activities, as well as other cash sources such as investment income and issuance of new debt, and use of cash such as cash payments for capital asset additions and improvements and repayment of debt.

On March 1, 2015, the District entered into a Strategic Alliance Agreement with EHM. GASB standards require that this entity be presented as a discrete component unit; therefore, its financial position at December 31, 2023 and 2022 and the results of its operations for the years ended December 31, 2023 and 2022 are included with the District in a separate column for financial statement presentation purposes (see further discussion at note 1 to the financial statements).

The analysis presented below represents the District and its blended component unit (the Foundation), but excludes the financial position and results of operations of its discrete component unit (EHM), unless otherwise noted.

Summary of Statements of Net Position

(In thousands)

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Cash and cash equivalents	\$ 89,012	47,786	70,149
Patient accounts receivable, less allowance for uncollectible accounts	135,084	150,099	114,017
Other current assets	<u>51,877</u>	<u>43,084</u>	<u>43,494</u>
Total current assets	275,973	240,969	227,660
Assets limited as to use, less current portion of amounts required for current liabilities	92,132	154,380	309,361
Capital assets, net	339,688	354,455	323,062
Right-to-use leased assets	228,811	239,262	243,002
Other assets	<u>84,764</u>	<u>91,887</u>	<u>69,685</u>
Total assets	1,021,368	1,080,953	1,172,770
Deferred outflows of resource:			
Deferred loss on refunding	<u>6,051</u>	<u>6,966</u>	<u>8,184</u>
Total assets and deferred outflows of resources	<u>\$ 1,027,419</u>	<u>1,087,919</u>	<u>1,180,954</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Summary of Statements of Net Position

(In thousands)

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Current portion of long-term debt	\$ 5,715	14,960	13,650
Current portion of lease liabilities	5,330	4,792	4,321
Other current liabilities	<u>145,006</u>	<u>136,628</u>	<u>129,420</u>
Total current liabilities	156,051	156,380	147,391
Long-term debt	248,776	255,496	267,783
Long-term portion of lease liabilities	243,841	247,770	245,461
Other long-term liabilities	<u>51,260</u>	<u>32,330</u>	<u>24,800</u>
Total liabilities	<u>699,928</u>	<u>691,976</u>	<u>685,435</u>
Total deferred inflows of resources related to leases	\$ 31,928	38,945	43,821
Net position:			
Invested in capital assets, net of related debt	65,677	81,080	108,145
Restricted	11,247	12,720	12,851
Unrestricted	<u>218,639</u>	<u>263,198</u>	<u>330,702</u>
Total net position	<u>295,563</u>	<u>356,998</u>	<u>451,698</u>
Total liabilities, deferred inflows of resources, and net position	\$ <u><u>1,027,419</u></u>	<u><u>1,087,919</u></u>	<u><u>1,180,954</u></u>

Current Assets

Current assets consist of cash and cash equivalents, current portion of board-designated and restricted assets, and other current assets that are expected to be converted to cash within one year. Current assets also include net patient accounts receivable valued at the estimated net realizable amount due from patients and insurers.

Key ratios include:

- **Current ratio:** This is a liquidity ratio that measures the District's ability to pay short-term obligations or debts due within one year. The current ratio is calculated by dividing current assets by current liabilities.
- **Days in accounts receivable:** This is the number of days it takes the District to collect outstanding patient accounts. The ratio is calculated by dividing the ending accounts receivable by the total operating revenue for the period and multiplying it by 365 days or the number of days in the period.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

- Days cash on hand: This demonstrates how long in days the District could meet operating expenses with the amount of cash currently available. This is calculated by adding cash and cash equivalents, board-designated cash and investments, less cash for EvergreenHealth Network and EvergreenHealth Partners, and multiplying by 365 days, then dividing the amount by total operating expenses less annual depreciation.
- Adjusted days cash on hand: This demonstrates how long in days the District could meet operating expenses with the amount of cash currently available, excluding cash intended to be repaid to funding sources. This is calculated by adding cash and cash equivalents, board-designated cash and investments, less cash for the CARES Act deferred payment of the employer portion of social security liability and the CARES Act Medicare Accelerated and Advance Payment Program liability, and multiplying by 365 days, then dividing the amount by total operating expenses less annual depreciation.

Key ratios	2023	2022	2021
Current ratio	1.8	1.3	1.2
Days in AR (net)	54.1	65.6	50.7
Days cash on hand	63.9	73.0	134.3
Adjusted days cash on hand	63.9	71.6	117.1

Total current assets were \$276.0 million as of December 31, 2023 compared to \$241.0 million as of December 31, 2022.

Current assets in 2023 increased by \$35.0 million compared to 2022 primarily due to an increase in cash related to FEMA reimbursement and a decrease in accounts receivable. Adjusted days cash on hand decreased to 63.9 days.

Current assets in 2022 increased by \$13.3 million compared to 2021 primarily due to an increase in net patient accounts receivable resulting from increased days in AR due to the implementation of Epic, the District's new electronic medical records system (EMR). Adjusted days cash on hand decreased to 71.6 days.

Noncurrent Assets

Noncurrent assets consist of restricted and board-designated assets held for debt service, capital improvements, community service programs, and other operations. Total noncurrent assets were \$745.4 million as of December 31, 2023 compared to \$840.0 million as of December 31, 2022.

Capital assets, net of accumulated depreciation decreased approximately \$14.8 million from 2022 to 2023 and increased \$31.4 million from 2021 to 2022. The District continues to devote resources for capital projects and improvements, including significant components of the master facility plan. During 2023 and 2022, the District invested approximately \$34.4 million and \$71.0 million, respectively, in buildings, information technology, and equipment.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Right-to-use (RTU) leased assets decreased approximately \$10.5 million in 2023 compared to 2022. This was due to routine amortization of these assets. RTU leased assets decreased approximately \$3.7 million in 2022 compared to 2021. This was due to routine amortization of these assets.

Restricted and board-designated cash and investments decreased approximately \$61.4 million from 2022 to 2023. The decrease in the current year is primarily due to \$6.0 million of the 2020A Limited Tax General Obligation (LTGO) bonds used for capital improvements to the District's healthcare facilities, in accordance with the long-term master facility plan, spending of approximately \$10.2 million for Epic EMR capital and \$50.0 million in transfers from investments to the general cash account. Restricted and board-designated cash and investments decreased approximately \$155.0 million from 2021 to 2022. The decrease in 2022 was primarily due to \$24.1 million of the 2020A LTGO bonds used for capital improvements to the District's healthcare facilities, in accordance with the long-term master facility plan, spending of approximately \$39.8 million for Epic EMR capital and \$84.0 million in transfers from investments to the general cash account.

Current Liabilities

Current liabilities consist of accounts payable, accrued compensation and other liabilities that are expected to be paid within one year, including current portion of long-term debt and professional liabilities. Total current liabilities were \$156.1 million as of December 31, 2023 compared to \$156.4 million as of December 31, 2022.

Current liabilities decreased approximately \$329 thousand from 2022 to 2023 and increased approximately \$9.0 million from 2021 to 2022. Accounts payable and accrued expenses increased \$2.6 million from 2022 to 2023. Accounts payable and accrued expenses increased \$29.9 million from 2021 to 2022.

In 2022, the GASB issued Statement No. 101 related to accounting for compensated absences. The Statement requires the recognition of liabilities for certain compensated absences and to include the employer portion of payroll taxes in calculating such liabilities. The District elected to adopt the Statement retroactively to January 1, 2022 for Extended Illness Bank (EIB) balances which historically were not included as a liability. After implementation of the standard, the EIB balance is reported as a current liability based on total balances accrued and an estimated usage rate based on historical data.

Noncurrent Liabilities

Noncurrent liabilities consist of long-term debt, lease obligations, and professional liability reserves. Total noncurrent liabilities were \$543.9 million as of December 31, 2023 compared to \$535.6 million as of December 31, 2022.

Noncurrent liabilities increased approximately \$8.3 million from 2022 to 2023 due to a legal judgment reserve adjustment, partially offset by debt and lease payments in accordance with the established debt service schedules.

Noncurrent liabilities decreased approximately \$2.4 million from 2021 to 2022 due to debt and lease payments in accordance with the established debt service schedules.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Net Position

The decrease in current year net position is driven by net loss of approximately \$61.4 million. The decrease from 2022 to 2023 was driven by 2023 net income losses and investments in capital assets, which are accounted for in the net investment in capital asset and restricted categories discussed below.

Investment in capital assets, net of related debt decreased approximately \$15.4 million, or 19%, from 2022 to 2023 and decreased approximately \$27.1 million, or 25%, from 2021 to 2022. The current year decrease is primarily attributable to accumulated depreciation and amortization.

Restricted net position (expendable and nonexpendable) decreased approximately \$1.5 million from 2022 to 2023 and increased approximately \$0.1 million from 2021 to 2022, representing resources with temporary or permanent donor restrictions.

Unrestricted net position, which includes other funds available to the District that do not meet the definition of restricted or net investment in capital assets, decreased approximately \$44.6 million, or 16.9%, from 2022 to 2023 and decreased approximately \$67.5 million, or 20.4%, from 2021 to 2022. The decrease from 2022 to 2023 primarily relates to the net loss derived from increased operating expenses as discussed in the following pages. The decrease from 2021 to 2022 primarily relates to the net loss derived from increased operating expenses as discussed in the following pages.

Summary of Revenue, Expenses, and Changes in Net Position

(In thousands)

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Operating revenue:			
Net patient service revenue	\$ 858,922	789,305	768,533
Other operating revenue	52,430	46,216	52,171
Total operating revenue	<u>911,352</u>	<u>835,521</u>	<u>820,704</u>
Operating expenses:			
Labor and employee benefits	681,403	625,300	557,211
Supplies, purchased services, and other	275,539	257,251	226,334
Depreciation and amortization	62,653	55,795	47,710
Total operating expenses	<u>1,019,595</u>	<u>938,346</u>	<u>831,255</u>
Deficit of revenue over expenses from operations	<u>(108,243)</u>	<u>(102,825)</u>	<u>(10,551)</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Summary of Revenue, Expenses, and Changes in Net Position

(In thousands)

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Nonoperating income, net of expenses:			
Property taxes	\$ 29,029	28,609	27,968
Interest and amortization expense	(15,025)	(15,801)	(15,095)
Investment income (loss)	6,065	(5,571)	(371)
Federal Funding	28,861	3,529	6,170
Other, net	(6,125)	(76)	(491)
Net nonoperating income	<u>42,805</u>	<u>10,690</u>	<u>18,181</u>
(Deficit) excess of revenue over expenses	(65,438)	(92,135)	7,630
Capital grants and contributions	<u>4,003</u>	<u>2,126</u>	<u>3,380</u>
Total change in net position	(61,435)	(90,009)	11,010
Net position, beginning of year	356,998	451,698	440,688
Cumulative effect of accounting change	<u>—</u>	<u>(4,691)</u>	<u>—</u>
Net position, end of year	<u>\$ 295,563</u>	<u>356,998</u>	<u>451,698</u>

Financial Highlights

Revenue

Sources of Patient Revenue

The District derives a substantial portion of its operating revenue from federal and state programs and insurance plans that pay for all or a portion of the healthcare services provided to its patients. As a consequence, the District's operating revenue depends to a great extent on the availability and level of reimbursement or payment under those programs and contracts.

In 2023, gross patient revenue increased by approximately \$224.8 million or 101%. Gross patient revenue is the total fees charged to patients for services. Total inpatient revenue increased \$88.2 million or 1.0% and total outpatient revenue increased \$136.6 million or 10.3%. Total outpatient surgery cases increased 11.6% and inpatient surgery cases increased 34.9%. Overall total surgery cases increased 11.6%. Deliveries decreased 1.8% and patient days in the NICU decreased 7.9%. ED visits in the main hospital and in Redmond decreased 1.8% and 9.3%, respectively. Total average length of stay (excluding NICU) remained consistent at 5.0 days in 2023 and 2022.

In 2022, gross patient revenue increased by approximately \$130.5 million or 6.2%. Total inpatient revenue increased \$63.8 million or 7.5% and total outpatient revenue increased \$66.7 million or 5.3%. Total outpatient surgery cases increased 6.7% while inpatient surgery cases decreased 11.3%. Overall total surgery cases

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

increased 4.0%. Deliveries decreased 4.7% and patient days in the NICU decreased 10.8%. ED visits in the main hospital and in Redmond increased 7.8% and 20.3%, respectively. Total average length of stay (excluding NICU) increased to 5.0 days from 4.8 days in 2021.

The following table sets forth the percentages of the District's gross patient revenue applicable to various programs and plans for the fiscal years ended December 31, 2023, 2022, and 2021.

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Non-Government third-party payors	44.2%	45.1%	46.7%
Medicare	45.2	44.0	42.4
Medicaid	9.6	9.8	10.0
Patient self-pay	1.0	1.1	0.9

In 2023, net patient service revenue increased by approximately \$69.6 million or 8.8%. Net patient revenue consists of gross patient revenue less contractual adjustments, bad debt, administrative adjustments and charity. This increase was driven by increased volumes compared to the prior year. Other operating revenue increased by approximately \$6.2 million, or 13.4%, primarily due to revenue associated with joint ventures.

In 2022, net patient service revenue increased by approximately \$20.8 million or 2.7%. This increase was driven by increased volumes compared to the prior year. Other operating revenue decreased by approximately \$6.8 million, or 13.0%, primarily due to revenue associated with joint ventures offset by an increase to the corporate allocation between EvergreenHealth and EvergreenHealth Monroe.

Operating Expenses

Labor, including contract labor, increased approximately \$33.2 million, or 6.4%, and increased \$63.2 million, or 13.9%, in 2023 and 2022, respectively. The District's average employed and contracted full-time equivalents increased 2.4% to 4,235 as of December 31, 2023 compared to 3.5% to 4,134 as of December 31, 2022. The 2022 increase is due to increased volumes and employee salary increases as well as premium pay related to contract labor and employee overtime due to labor shortages.

Employee benefit expenses increased \$22.9 million, or 21.3%, and \$4.9 million, or 4.8%, in 2023 and 2022, respectively. These increases were primarily due to increased number of full-time equivalent employees, medical plan, social security, unemployment and paid time off costs.

Supplies, professional fees, purchased services, repairs and maintenance services, and other operating expenses increased approximately \$18.3 million, or 7.1%, and \$30.9 million, or 13.7%, in 2023 and 2022, respectively. The 2023 increase is attributed to increased medical supply cost and an unfavorable legal judgment. The 2022 increase is due to increased medical supply costs, purchased services, and professional fees due to the Epic EMR implementation and COVID-19 response and mitigation.

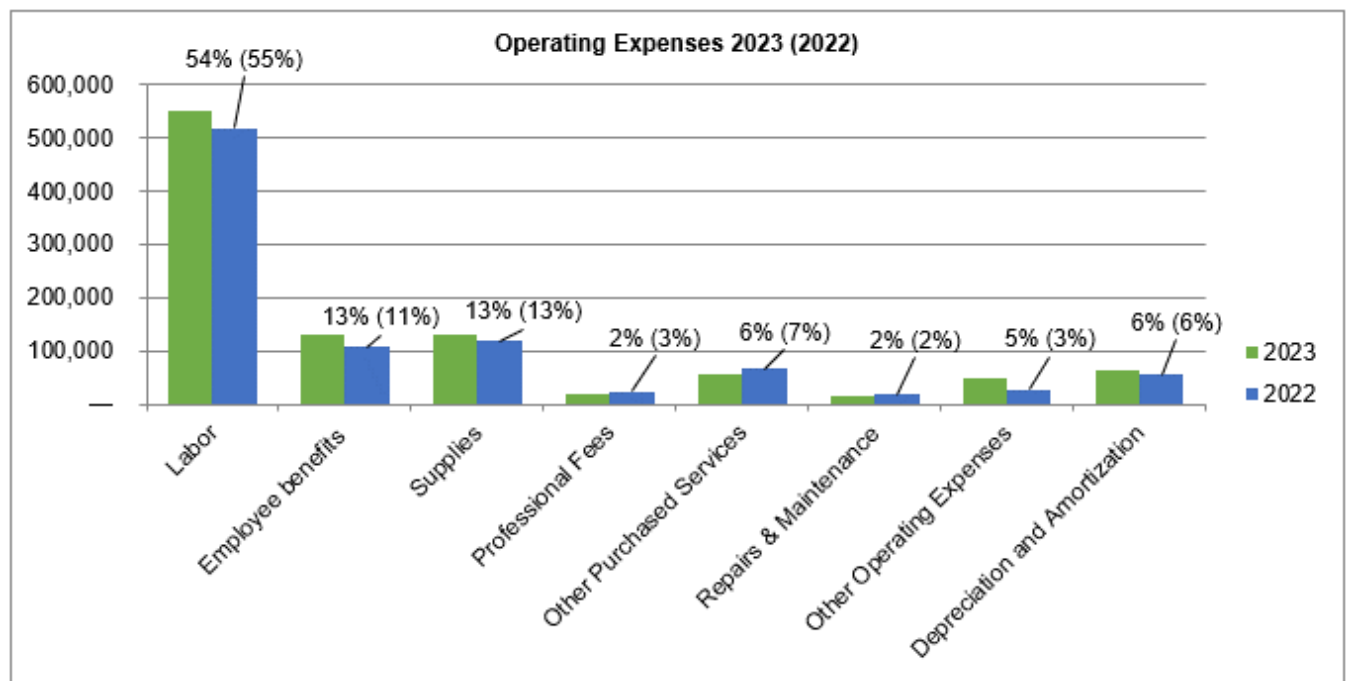
KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Management's Discussion and Analysis

December 31, 2023 and 2022

(Unaudited)

Total operating expenses in 2023 and 2022 of \$1,019.6 million and \$938.3 million, respectively, include expenses related to tax-supported community programs for which the offsetting revenue is included in nonoperating income. The table below is presented in thousands with percentages indicating each expense type as a percentage of total operating expenses.



Nonoperating Income, Net of Expenses

In 2023, nonoperating income, net of expenses increased \$32.1 million, from \$10.7 million in 2022 to \$42.8 million in 2023. The increase is primarily due to the recognition of \$28 million of FEMA reimbursements, offset by a \$6.0 million disposal of a legacy EMR system in 2023.

In 2022, nonoperating income, net of expenses decreased \$7.5 million, from \$18.2 million in 2021 to \$10.7 million in 2022. The decrease is due to the recognition of \$6.2 million of Provider Relief Funds in 2021 whereas \$209 thousand was recognized in 2022 and losses on investments of \$5.6 million in 2022 compared to losses of \$371 thousand in 2021. There were no significant asset sales in 2022.

Contacting the District's Financial Management

This financial report provides the reader with a general overview of the District's finances and operations. If you have questions about this report or need additional financial information, please contact the Chief Financial Officer or Director of Financial Reporting at EvergreenHealth, 12040 NE 128th Street, Kirkland, Washington 98034.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Statements of Net Position

December 31, 2023 and 2022

(In thousands)

Assets	2023		2022	
	District	Component unit EHM	District	Component unit EHM
Current assets:				
Cash and cash equivalents	\$ 89,012	11,514	47,786	8,775
Current portion board-designated assets	1,275	277	812	743
Current portion of assets restricted as to use	892	—	470	—
Patient accounts receivable, less allowance for uncollectible accounts of \$22,910 (District) and \$5,393 (EHM) in 2023 and \$26,432 (District) and \$1,992 (EHM) in 2022, respectively	135,084	12,108	150,099	11,092
Inventory	8,404	911	7,805	935
Prepaid expenses and other current assets	34,542	828	28,644	823
Third-party payor receivable	6,764	300	5,353	120
Total current assets	275,973	25,938	240,969	22,488
Assets limited as to use, less current portion of amounts required for current liabilities:				
Board-designated cash and investments	87,572	—	149,904	—
Restricted cash and investments	4,560	—	4,476	—
	92,132	—	154,380	—
Capital assets:				
Land	4,914	1,879	4,914	1,879
Construction in progress	6,090	1,653	9,873	1,199
Depreciable capital assets, net of accumulated depreciation	328,684	8,609	339,668	9,012
	339,688	12,141	354,455	12,090
Right-to-use leased assets	228,811	8,166	239,262	8,773
Other assets	84,764	6,389	91,887	6,718
Total assets	1,021,368	52,634	1,080,953	50,069
Deferred outflows of resources:				
Deferred loss on refunding	6,051	—	6,966	—
Total assets and deferred outflows of resources	\$ 1,027,419	52,634	1,087,919	50,069

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Statements of Net Position

December 31, 2023 and 2022

(In thousands)

Liabilities and Net Position	2023		2022	
	District	Component Unit EHM	District	Component Unit EHM
Current liabilities:				
Accounts payable and accrued expenses	\$ 66,606	3,372	63,995	5,879
Accrued compensation and related liabilities	58,651	3,083	53,248	2,470
Accrued interest payable	599	45	651	48
Current portion of lease obligations	5,330	589	4,792	516
Current portion of long-term debt	5,715	1,563	14,960	1,459
Third-party payor payable	5,471	—	6,061	—
Estimated current portion of professional liability	1,635	—	1,014	—
Other current liabilities	12,044	886	11,659	457
Total current liabilities	156,051	9,538	156,380	10,829
Long-term estimated professional liability	6,523	—	4,919	—
Other noncurrent liabilities	44,737	—	27,411	—
Long-term lease obligations, net of current portion	243,841	8,238	247,770	8,709
Long-term debt, net of current portion	248,776	16,068	255,496	17,609
Total liabilities	699,928	33,844	691,976	37,147
Total deferred inflows of resources related to leases	31,928	6,147	38,945	6,620
Net position:				
Investment in capital assets, net of related debt	65,677	(6,151)	81,080	(6,744)
Restricted:				
Expendable for specific activities	8,165	—	9,784	473
Expendable for debt service	637	214	195	214
Nonexpendable permanent endowments	2,445	—	2,741	—
Unrestricted	218,639	18,580	263,198	12,359
Total net position	295,563	12,643	356,998	6,302
Total liabilities, deferred inflows of resources, and net position	\$ 1,027,419	52,634	1,087,919	50,069

See accompanying notes to financial statements.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Statements of Revenue, Expenses, and Changes in Net Position

Years ended December 31, 2023 and 2022

(In thousands)

	2023		2022	
	District	Component Unit EHM	District	Component Unit EHM
Net patient service revenue (net of provision for bad debts of \$31,826 (District) and \$8,576 (EHM) in 2023 and \$27,655 (District) and \$7,277 (EHM) in 2022, respectively)	\$ 858,922	56,918	789,305	46,944
Other operating revenue	52,430	1,760	46,216	1,442
Total operating revenue	911,352	58,678	835,521	48,386
Expenses:				
Labor	551,154	26,280	517,937	27,163
Employee benefits	130,249	6,022	107,363	4,403
Supplies	129,523	7,639	118,619	5,688
Professional fees	20,516	2,120	23,708	1,955
Other purchased services	56,764	10,988	67,029	7,253
Repairs and maintenance	17,593	964	19,384	1,029
Other operating expenses	51,143	1,667	28,511	1,407
Depreciation and amortization	62,653	2,772	55,795	2,867
Total operating expenses	1,019,595	58,452	938,346	51,765
(Deficit) excess of revenue over expenses from operations	(108,243)	226	(102,825)	(3,379)
Nonoperating income, net of expenses:				
Property taxes	29,029	5,214	28,609	5,115
Interest and amortization expense	(15,025)	(755)	(15,801)	(772)
Investment income (loss)	6,065	—	(5,571)	—
Federal funding	28,861	1,307	3,529	100
Other, net	(6,125)	—	(76)	—
Net nonoperating income	42,805	5,766	10,690	4,443
(Deficit) excess of revenue over expenses	(65,438)	5,992	(92,135)	1,064
Capital grants and contributions	4,003	349	2,126	79
Total change in net position	(61,435)	6,341	(90,009)	1,143
Net position, beginning of year (note 1)	356,998	6,302	447,007	5,159
Net position, end of year	\$ 295,563	12,643	356,998	6,302

See accompanying notes to financial statements.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Statements of Cash Flows

Years ended December 31, 2023 and 2022

(In thousands)

	2023	2022
Cash flows from operating activities:		
Cash received from and on behalf of patients	\$ 884,196	753,483
Payments to suppliers and contractors	(257,518)	(273,189)
Payments to employees	(676,000)	(630,213)
Distributions received from joint ventures	(1,985)	(3,149)
Other cash receipts	45,518	46,851
Net payments used in operating activities	<u>(5,789)</u>	<u>(106,217)</u>
Cash flows from noncapital financing activities:		
Property taxes received for community programs	6,424	6,234
Cash received from Federal funding	28,861	3,537
Net cash provided by noncapital financing activities	<u>35,285</u>	<u>9,771</u>
Cash flows from capital and related financing activities:		
Purchases of capital assets	(34,445)	(70,957)
Principal payments on long-term debt	(14,960)	(14,323)
Principal payments on lease obligations	(13,736)	(4,322)
Payments for interest on long-term debt	(16,323)	(16,704)
Proceeds from property taxes related to debt service	22,605	22,375
Net cash used in capital and related financing activities	<u>(56,859)</u>	<u>(83,931)</u>
Cash flows from investing activities:		
Purchases of board-designated assets and assets restricted as to use	(108,667)	(13,748)
Proceeds from sale of board-designated assets and assets restricted as to use	170,035	175,998
Investment gain (loss)	7,221	(4,236)
Net cash provided by investing activities	<u>68,589</u>	<u>158,014</u>
Net increase (decrease) in cash, cash equivalents and restricted deposits	41,226	(22,363)
Cash, cash equivalents and restricted deposits, beginning of year	47,786	70,149
Cash, cash equivalents and restricted deposits, end of year	<u>\$ 89,012</u>	<u>47,786</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Statements of Cash Flows

Years ended December 31, 2023 and 2022

(In thousands)

	<u>2023</u>	<u>2022</u>
Reconciliation of deficit of revenue over expenses from operations to net cash used in operating activities:		
Deficit of revenue over expenses from operations	\$ (108,243)	(102,825)
Adjustments to reconcile deficit of revenue over expenses from operations to net cash used in operating activities:		
Depreciation and amortization	62,653	55,795
Provision for bad debts	31,826	27,655
Other	2,396	2,513
Changes in operating assets and liabilities:		
Patient accounts receivable, less provision for bad debt	(16,810)	(63,737)
Inventory	(599)	293
Prepaid expenses and other assets	(2,535)	(12,884)
Accounts payable and accrued expenses, net of amounts related to construction in progress	7,158	(5,671)
Accrued compensation and related liabilities	5,403	222
Third-party payor settlements, net	(2,001)	(460)
Professional liability and other liabilities	14,963	(7,118)
Net cash used in operating activities	<u>\$ (5,789)</u>	<u>(106,217)</u>
Supplemental disclosures of noncash investing, capital, and financing activities:		
Change in capital asset additions included in accounts payable and accrued expenses	\$ 4,055	2,739
Capital asset additions acquired by lease	8,448	7,102
Gain on sale of capital assets	6,046	55
Donated capital assets	4,003	2,126

See accompanying notes to financial statements.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

(1) Organization and Summary of Significant Accounting Policies

(a) Organization

King County Public Hospital District No. 2, King County, Washington, d/b/a EvergreenHealth (the District) is a municipal corporation established under Chapter 70.44 of the Revised Code of the State of Washington (RCW). The purpose of the District is to own and operate hospitals and other healthcare facilities and provide healthcare services to area residents. The District's primary operations include Evergreen Hospital Medical Center (the Medical Center), an acute care hospital; Evergreen Home Health Services, a home health agency; Evergreen Hospice Services, a program serving the terminally ill; EvergreenHealth Medical Group, a multispecialty practice group consisting of family practice physicians, physician assistants, and certified nurse practitioners; and EvergreenHealth Foundation (the Foundation). Affiliated organizations are evaluated for inclusion in the reporting entity as component units based on the significance of their relationship with the District.

(i) *Blended Component Unit*

The Foundation is a separate nonprofit foundation. The purpose of the Foundation is to (a) receive grants, bequests, donations, and contributions on behalf of; (b) provide fund-raising and other support to; and (c) make contributions to the District. Consequently, the net financial position and the results of operations of the Foundation are included in the accompanying financial statements. For the years ended December 31, 2023 and 2022, the Foundation raised approximately \$3.6 million and \$4.8 million, respectively, in contributions (included in other operating revenue) and its assets comprise 1.3% and 1.4% of total assets of the District in 2023 and 2022, respectively.

(ii) *Discrete Component Unit*

The District and EvergreenHealth Monroe (EHM), a 72-bed semirural community hospital (together with a 40-bed residential treatment facility license), entered into a Strategic Alliance Agreement effective March 1, 2015. EHM is located in Monroe, Washington and is a separate legal entity governed by the Alliance Governance Board (AGB). The AGB comprises five directors, consisting of two commissioners of the District, two commissioners of EHM, and the District CEO.

The audited financial statements of EHM are available by contacting EHM at 14701 179th Avenue SE, Monroe, Washington 98272 or online at the following address:

www.evergreenhealth.com/about-us/governance-and-leadership/monroe-board-commissioners/

(b) Basis of Presentation

The financial statements have been prepared on the accrual basis of accounting. Under this method of accounting, revenue is recognized when earned and expenses are recorded when liabilities are incurred without regard to receipt or disbursement of cash.

The District prepares and presents its financial information in accordance with Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments* (GASB 34), known as the "Reporting Model" statement. GASB 34 requires that financial statements be accompanied by a

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

narrative introduction and analytical overview of the reporting entity in the form of “management’s discussion and analysis” (MD&A). This reporting model also requires the use of a direct method cash flow statement.

(c) Financial Reporting Entity

As required by accounting principles generally accepted in the United States of America (GAAP), these financial statements present the District (the primary government) and its component units, the Foundation and EHM.

Component units are legally separate organizations for which the District is financially accountable. These entities may be reported in the financial statements of the primary government in one of two ways: the component units’ amounts may be blended with the amounts reported by the primary government, or they may be shown in a separate column, depending on the application of the criteria of GASB Statement No. 61, *The Financial Reporting Entity: Omnibus*. The Foundation meets the criteria of a blended component unit and has been included in the financial statements. EHM does not meet the criteria of a blended component unit and has been reported as a discretely presented component unit in a separate column of the financial statements.

(d) Use of Estimates

The preparation of financial statements in conformity with GAAP 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 financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates in the District’s financial statements include patient accounts receivable allowances, third-party payor settlements, professional liabilities, and the fair value of investments.

(e) Recently Issued Accounting Standards

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements* (GASB No. 96). This statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs). This Statement defines a SBITA, establishes that a SBITA results in an a Right-to-use (RTU) subscription asset (an intangible asset) and a corresponding subscription liability, provides the capitalization criteria for outlays other than subscription payments (including implementation costs of a SBITA), and requires note disclosures regarding a SBITA. The District has implemented and applied the Statement retroactively as of January 1, 2022, which resulted in the recognition of RTU subscription assets of \$13 million and a corresponding liability of \$13 million with beginning net position restated by \$25 million. The statement of net position, statement of revenues, expenses and changes in net position, and statement of cash flows for 2022 have been restated to confirm with the requirements of this Statement and the current year presentation.

In June 2022, the GASB issued Statement No. 101, *Compensated Absences* (GASB No. 101). This Statement requires the recognition of liabilities for certain compensated absences and to include the employer portion of payroll taxes in calculating such liabilities. The overall objective is to better meet the information needs of financial statement users by updating the recognition and measurement guidance under a unified model for compensated absences and by amending certain previously

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

required disclosures. This Statement is effective for fiscal years beginning after December 15, 2023. The District has applied the Statement retroactively to January 1, 2022. The statement of net position, statement of revenue, expenses and changes in net position, and the statement of cash flows for 2022 have been restated to conform with the requirements of this Statement and the current year presentation. The impact of the restatement results in an increase to employee benefits expense of \$333 thousand in 2022 and an increase to the overall liability of \$324 thousand in 2023 based on accrued balance as of December 31, 2023.

(f) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid financial instruments with original maturities of three months or less, excluding assets restricted as to use and board-designated assets. Deposits of up to \$250 thousand are covered by the Federal Deposit Insurance Corporation and any deposits in excess of \$250 thousand are covered by collateral held in a multifinancial institution collateral pool administered by the Washington Public Deposit Protection Commission.

(g) Patients Accounts Receivable

Receivables arising from revenue for services to patients are reduced by an allowance for contractals and estimated uncollectible accounts based on recent collection experience and other circumstances, which may affect the ability of patients to meet their obligations. There are various factors that can impact the collection trends and the estimation process, such as changes in the economy, the increased burden of copays, deductibles to be made by patients, and business practices related to collection efforts. Accounts deemed uncollectible are charged against this allowance.

(h) Assets Limited as to Use

Assets limited as to use include assets designated by the Board of Commissioners (the Board) for capital improvements and community service programs. The Board retains control of the assets and may, at its discretion, subsequently change the use for other purposes. Assets limited as to use include certain assets of the Foundation that are restricted by donor stipulations. Assets limited as to use also include unexpended proceeds and income generated from certain outstanding bond series restricted for the payment of principal, interest, and expenditures for construction and equipment costs. The assets of the Supplemental Executive Retirement Plan (SERP) are also recorded as assets limited as to use. The SERP is a postretirement plan covering the executive management team. Amounts required to meet related current liabilities have been classified as current assets in the accompanying statements of net position. These assets are carried at fair value with changes in fair value reported as investment income.

(i) Inventory

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

(j) Capital Assets

Capital assets are recorded at cost. In accordance with governmental accounting standards, the District has established a capitalization threshold of \$5 thousand and a life of three years or more,

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

above which asset acquisitions are added to the capital asset accounts. Donated items are recorded at fair value at the date of the contribution. Depreciation expense is computed using the straight-line method based on the following estimated useful lives of the assets:

Land improvements	10–20 years
Buildings	25–40 years
Equipment	3–20 years

Maintenance and repairs are expensed as incurred. Expenditures that materially increase values, change capacities, or extend useful lives of plant and equipment are capitalized.

Obligations for buildings and equipment under lease that have a maximum term over 12 months are amortized on the straight-line method over the lease term in accordance with GASB No. 87, *Leases*. Such amortization is included in depreciation and amortization in the accompanying statements of revenue, expenses, and changes in net position. Payments for leases that have a maximum term of 12 months or less will be reflected in the statements of revenue, expenses, and changes in net position as they occur in line with the provisions of the agreement.

Obligations for SBITAs that have a maximum term over 12 months are amortized on the straight-line method over the subscription term in conformance with GASB No. 96. Such amortization is included in depreciation and amortization in the accompanying statements of revenue, expenses, and changes in net position. SBITAs that have a maximum term of 12 months or less will be reflected in the statements of revenue, expenses, and changes in net position as they occur in line with the provisions of the agreement.

(k) *Compensated Absences*

The District's employees earn vacation or Paid Time Off (PTO) days at varying rates depending on years of service. Accrued vacation or PTO is reported as a current liability and is released as employees utilize their vacation days within the following year.

(l) *Net Position*

Net position of the District is classified in five components. Investment in capital assets, net of related debt, consists of capital assets, net of accumulated depreciation, reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net position includes expendable for specific activities and expendable for debt service and must be used for a particular purpose, as specified by grantors or contributors external to the District. Restricted nonexpendable net position equals the principal portion of permanent endowments. Unrestricted net position does not meet the definition of investment in capital, net of related debt or restricted. The District will first apply restricted resources when an expense is incurred for purposes for which both unrestricted and restricted net position are available.

(m) *Operating Revenue and Expenses*

The District's statements of revenue, expenses, and changes in net position distinguish between operating and nonoperating revenue and expenses. Operating revenue results from exchange

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

transactions associated with providing healthcare services—the District’s principal activity. Nonoperating income includes property taxes received or grants and contributions received for purposes other than capital asset acquisition. Operating expenses are all expenses incurred to provide healthcare services.

Other operating revenue includes lease income, distributions from joint ventures, outreach laboratory service revenue, retail revenue such as gift shop and pharmacy, educational offerings, grant funds to support specific programs, restricted donations, research activities, and other services.

(n) Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. 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.

(o) Charity Care

The District accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to an established policy of the District. The estimated cost of charity care is determined by calculating the ratio of operating costs to charges, and then applying this ratio to total charity care charges. The estimated costs of charity care provided by the District were \$4.6 million and \$3.3 million for 2023 and 2022 respectively. Because the District does not pursue collection of amounts determined to qualify as charity care, associated charges are not included in net patient service revenue.

(p) Nonoperating Income, Net of Expenses

The District received property taxes from regular levy proceeds and voter approved excess levies. These funds were used as follows:

	December 31	
	2023	2022
	(In thousands)	
Amount used for tax-supported programs	\$ 6,255	6,234
Amounts used for debt service on general obligation bonds	22,774	22,375
	<u>\$ 29,029</u>	<u>28,609</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Of the amount used for debt service on general obligation bonds, \$7.8 million and \$8.8 million were used for interest payments for the years ended December 31, 2023 and 2022, respectively. The property taxes received are reflected in nonoperating income. Interest expense related to long-term debt is included in nonoperating expenses. All other expenses related to tax supported programs are included in operating expenses.

(g) Federal Income Taxes

No provisions have been made for federal income taxes, as the District and EHM are municipal corporations exempt from federal tax, under Section 115 of the Internal Revenue Code.

The Foundation is an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and is generally not subject to federal income taxes. However, the Foundation is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption. No income tax provision has been recorded as net income, if any, from any unrelated trade or business, in the opinion of management, is not material to the financial statements taken as a whole.

(2) Novel Coronavirus and CARES Act

On March 27, 2020 the Coronavirus Aid Relief and Economic Security (CARES) Act was enacted. The CARES Act authorized \$100 billion in a Provider Relief Fund for hospitals and healthcare providers. Funding was intended to compensate hospitals and other healthcare providers for lost revenue and increased expenses incurred in order to respond to the COVID-19 impact. Provider Relief Fund distributions are not required to be repaid, so long as the payment can be substantiated by lost revenue and the incremental costs incurred related to responding to the pandemic and certain terms and conditions are met.

In addition to direct payments to healthcare providers, the CARES Act provided opportunities to increase cash flow. The CARES Act allowed inpatient acute care hospitals to receive accelerated Medicare payments for a period equivalent to up to six months of reimbursement. The accelerated payments are interest free if repaid according to the terms of the advance. The District received \$41.7 million in Medicare advance payments between June and September 2020. In 2022, the District repaid \$26.6 million and the remaining \$3.4 million was repaid in 2023.

The District also filed applications and obtained reimbursement of additional expenses from the Federal Emergency Management Agency (FEMA) based on criteria due to the national emergency declaration made due to COVID-19. The District received \$28.9 million and \$3.3 million of FEMA reimbursement in 2023 and 2022, respectively. The District continues to complete applications to receive additional funding for expenditures previously incurred.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

(3) Net Patient Service Revenue

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

(a) *Medicare*

Inpatient acute care services rendered to Medicare program beneficiaries are paid at predetermined, specific rates for each hospital discharge. Discharges are classified according to a list of diagnosis-related groups (DRGs). Each DRG has a payment weight assigned to it, based on the average resources used to treat Medicare patients in that DRG. Inpatient nonacute services and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The District is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the District and audits thereof by the Medicare fiscal intermediary. The District's cost reports have been reviewed and/or audited by the Medicare fiscal intermediary through 2019. The District recognized interim and final cost report settlements and a Net Payment Reconciliation Award payment from Centers for Medicare and Medicaid Services (CMS) resulting in an increase in net patient service revenue of \$349 thousand and \$399 thousand in 2023 and 2022, respectively. Most outpatient services to Medicare beneficiaries are paid prospectively based on ambulatory payment classifications (APCs). CMS assigns individual services (Healthcare Common Procedure Coding System codes) to APCs based on similar clinical characteristics and similar costs.

(b) *Medicaid*

In the spring of 2005, the Washington State Legislature and CMS approved a Medicaid Certified Public Expenditures (CPE) program for inpatient reimbursement. The CPE program uses public expenditures by certain public hospitals to earn federal matching funds. Certified public expenditures are qualifying expenditures made by the hospital to serve Medicaid eligible or uninsured patients. The program was designed to preserve a significant amount of federal match funding for the State of Washington (the State) and maintain the same level of reimbursement to the affected hospitals that they would have received prior to the implementation of the program.

The CPE program uses three payment mechanisms to reimburse hospitals for inpatient care: inpatient hospital claims payments, disproportionate share (DSH) payments, and state grants. Under the program, hospitals are paid an interim payment based on an estimate of the cost to provide services to Medicaid recipients. For each payment to a hospital in the program, only the federal matching portion of the payment is remitted to the hospital; the state portion is funded through DSH payments and state grants.

The intent of the legislature is that hospitals in the program receive no less in combined federal and state payments than the hospital would have received under the methodology that was in place during fiscal year 2005. Any differences between the federal matching and state DSH components on the CPE program payments and this baseline amount are to be paid to the hospitals with state grant funds. Additional legislative appropriations may be required if state grant funds allocated at the start of the year are insufficient to meet the program's hold harmless provision.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Interim state payments based on prospectively estimated experience are retrospectively reconciled to “hold harmless” after actual claims are repriced using the applicable methods. This process takes place at least six months after the end of the fiscal year and results in either a payable to, or receivable from, the state Medicaid program. State inpatient claim and DSH payments are subject to retrospective determination of actual costs once the District’s Medicare Cost Report is audited. CPE program payments are not considered final until retrospective cost reconciliation is complete. Final settlement of \$575 thousand was paid back in 2023 related to State fiscal year 2018. The District recognized interim settlements resulting in an adjustment to increase net patient service revenue by \$2.8 million in 2023 and \$850 thousand in 2022.

Inpatient Medicaid charges represented approximately 11.73% and 11.86% of total inpatient charges for the District in fiscal years 2023 and 2022, respectively.

The Medicaid CPE program continues through the State’s fiscal years 2023 and 2022. As of December 31, 2023 and 2022, the District has recorded a payable of \$522 thousand and \$391 thousand for estimated overpayments for state fiscal years 2023 and 2024, respectively, which is included in third-party payor payable in the statements of net position.

Outpatient services are paid on a fee schedule or a percentage of allowed charges based on a ratio of the District’s allowable operating expenses to total allowable revenue.

In the July 2009 legislative session, the Washington State legislature enacted the Hospital Safety Net Assessment to help mitigate an estimated \$400 million reduction in hospital Medicaid payments. Under this law, nongovernmental Washington hospitals are assessed a fee on all non-Medicare patient days. The fees are used to obtain new federal Medicaid matching funds.

The safety net assessment was subject to approval by CMS before it took effect. In 2010, CMS approved the two amendments required to fully enact the safety net assessment program. The initial safety net program expired in June 2013 and the State passed a new safety net assessment program that was approved by CMS in April 2014. The new law is retroactive to July 1, 2013 and will sunset on July 1, 2025. The District is not subject to the assessment but is a recipient of funding through the program. The District received safety net payments totaling \$843 thousand in 2023 and \$793 thousand in 2022.

(c) Other Third-Party Reimbursement

The District has entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

The following are the components of net patient service revenue for the years ended December 31, 2023 and 2022:

		2023	
		District	Component unit
		(In thousands)	
Gross patient service charges	\$	2,456,293	196,561
Adjustments to patient service charges:			
Contractual adjustments		1,536,548	128,107
Provision for bad debts		31,826	8,576
Charity care		10,966	1,399
Administrative adjustments		18,031	1,561
		<u>1,597,371</u>	<u>139,643</u>
Net patient service revenue	\$	<u>858,922</u>	<u>56,918</u>

		2022	
		District	Component unit
		(In thousands)	
Gross patient service charges	\$	2,231,521	151,687
Adjustments to patient service charges:			
Contractual adjustments		1,400,181	96,423
Provision for bad debts		27,655	7,277
Charity care		7,833	1,043
Administrative adjustments		6,547	—
		<u>1,442,216</u>	<u>104,743</u>
Net patient service revenue	\$	<u>789,305</u>	<u>46,944</u>

(4) Assets Limited as to Use

Assets limited as to use include board-designated cash and investments and restricted cash and investments.

Board-designated cash and investments represent unrestricted resources that have been designated by the Board for the general reserve fund and community service programs. In addition, the Board has the authority to establish a regular property tax levy within statutory restrictions, with the proceeds being used for purposes designated by the Board.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Restricted cash and investments include certain assets of the Foundation that are restricted by donor stipulations, assets related to the postretirement plan covering the executive management team, and other restricted cash and investments.

Assets limited as to use are carried at fair value. Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The three levels of the fair value hierarchy under GASB Statement No. 72, *Fair Value Measurement and Application*, are described below:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that a government can access at the measurement date
- Level 2 – Inputs other than quoted prices included within Level 1 that are observable for an asset or liability, either directly or indirectly
- Level 3 – Unobservable inputs for an asset or liability

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value:

- (a) Cash and Cash Equivalents – The carrying value approximates fair value because of the short maturity of those instruments.
- (b) Assets Limited as to Use – Fair values are estimated based on quoted market prices for those or similar investments. Maturities for securities are based on the weighted average maturity date or reset date for adjustable-rate mortgages.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

The following tables present the composition, fair value, ratings and maturity of board-designated cash and investments for the District at December 31, 2023 and 2022:

Board-Designated Assets

December 31, 2023

Investment type	Fair value amount	Quoted prices in active markets for identical assets (Level 1) (In thousands)	Significant other observable inputs (Level 2)	Ratings
US treasuries	\$ 22,955	—	22,955	AAA
US government agencies	4,994	—	4,994	AAA
Mutual fund – bonds	542	542	—	Not rated
Credit	13,399	—	13,399	A-
Taxable municipal bonds	1,032	—	1,032	AA+
US government agency – mortgage backed	24,724	—	24,724	AAA
Government-related securities	1,219	—	1,219	A-
King County Investment Pool	1,454	—	1,454	Not rated
Total investments	70,319	\$ 542	69,777	
Cash and cash equivalents	16,089			
Total cash and investments	86,408			
Property tax, interest receivable, and other	2,439			
Total board-designated assets	\$ 88,847			

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Board-Designated Assets

December 31, 2023

Investment type	Fair value amount	Investment maturities (in years)	
		N/A or less than 1 (In thousands)	1–5
US treasuries	\$ 22,955	14,724	8,231
US government agencies	4,994	1,309	3,685
Mutual fund – bonds	542	542	—
Credit	13,399	13,399	—
Taxable municipal bonds	1,032	1,032	—
US government agency – mortgage backed	24,724	3,044	21,680
Government-related securities	1,219	1,219	—
King County Investment Pool	1,454	1,454	—
Total investments	\$ 70,319	36,723	33,596

Board-Designated Assets

December 31, 2022

Investment type	Fair value amount	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Ratings
		(In thousands)		
US treasuries	\$ 47,968	—	47,968	AAA
US government agencies	5,634	—	5,634	AA-
Mutual fund – bonds	813	813	—	Not rated
Credit	36,214	—	36,214	A+
Taxable municipal bonds	994	—	994	AA
US government agency – mortgage backed	34,303	—	34,303	AAA

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Board-Designated Assets

December 31, 2022

<u>Investment type</u>	<u>Fair value amount</u>	<u>Quoted prices in active markets for identical assets (Level 1)</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Ratings</u>
		(In thousands)		
Government-related securities	\$ 3,037	—	3,037	AAA
King County Investment Pool	945	—	945	Not rated
Total investments	129,908	\$ <u>813</u>	<u>129,095</u>	
Cash and cash equivalents	<u>18,698</u>			
Total cash and investments	148,606			
Property tax, interest receivable, and other	<u>2,110</u>			
Total board-designated assets	\$ <u>150,716</u>			

Board-Designated Assets

December 31, 2022

<u>Investment type</u>	<u>Fair value amount</u>	<u>Investment maturities (in years)</u>	
		<u>N/A or less than 1</u>	<u>1–5</u>
		(In thousands)	
US treasuries	\$ 47,968	25,761	22,207
US government agencies	5,634	—	5,634
Mutual fund – bonds	813	813	—
Credit	36,214	4,384	31,830
Taxable municipal bonds	994	—	994
US government agency – mortgage backed	34,303	4,866	29,437
Government-related securities	3,037	3,037	—
King County Investment Pool	<u>945</u>	<u>945</u>	<u>—</u>
Total investments	\$ <u>129,908</u>	<u>39,806</u>	<u>90,102</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

The following tables present the composition, fair value, ratings and maturity of restricted cash and investments of the District for the years ended December 31, 2023 and 2022:

Restricted Cash and Investments

December 31, 2023

Investment type	Fair value amount	Quoted prices in active markets for identical assets (Level 1) (In thousands)	Ratings	Investment maturities (in years) N/A or less than 1
King County Investment Pool	\$ 486	486	Not rated	486
Mutual fund – bonds	1,683	1,683	Not rated	1,683
Mutual fund – equity	2,971	2,971	Not rated	2,971
Total investments	5,140	\$ 5,140		\$ 5,140
Cash and cash equivalents	167			
Total cash and investments	5,307			
Property tax, interest receivable, and other	145			
Total assets restricted as to use	\$ 5,452			

Restricted Cash and Investments

December 31, 2022

Investment type	Fair value amount	Quoted prices in active markets for identical assets (Level 1) (In thousands)	Ratings	Investment maturities (in years) N/A or less than 1
King County Investment Pool	\$ 89	89	Not rated	89
Mutual fund – bonds	1,502	1,502	Not rated	1,502

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Restricted Cash and Investments

December 31, 2022

<u>Investment type</u>	<u>Fair value amount</u>	<u>Quoted prices in active markets for identical assets (Level 1) (In thousands)</u>	<u>Ratings</u>	<u>Investment maturities (in years) N/A or less than 1</u>
Mutual fund – equity	\$ 3,113	3,113	Not rated	3,113
Total investments	4,704	\$ 4,704		\$ 4,704
Cash and cash equivalents	104			
Total cash and investments	4,808			
Property tax, interest receivable, and other	138			
Total assets restricted as to use	\$ 4,946			

Interest Rate Risk – The District’s investment policy limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. Shares of mutual funds with portfolios consisting of only US government bonds or US government bonds issued by federal agencies must have average maturities of less than 4 years. Unless matched to a specific cash flow, the District does not invest in securities maturing more than 5 years from the date of purchase, with the exception of corporate notes with maturities of no more than 5.5 years. However, assets whose use is limited may be invested in securities exceeding 10 years if the maturity of such investments is timed to coincide with the expected use of funds.

Credit Risk – Statutes authorize the District to invest in obligations of the US Treasury, agencies, and instrumentalities, public funds investment accounts, state, or local government bonds with one of the three highest credit ratings of a nationally recognized agency, money markets with investments in authorized securities, and mutual funds of only US government bonds and agencies. The US Treasury, agency, and agency mortgage backed are considered to be of high quality, and the US Treasury carry the long-term sovereign rating of the United States of America. The District’s policy requires that all certificates of deposit be collateralized.

The District utilizes an investment adviser as well as the King County Investment Pool (the Pool), an external investment pool. The Pool is not registered with the Securities and Exchange Commission as an investment company. Oversight of the Pool is provided by the King County Executive Finance Committee pursuant to RCW 36.29.020. Participation in this pool is voluntary. The intent of this policy is to balance

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

reasonable security with reasonable investment return, seeking to maximize both while meeting the daily cash flow requirements of the District and conforming to all applicable laws and regulations governing the investment of public funds.

Concentration of Credit Risk – In October 2017, the District's Board of Commissioners adopted a revised investment policy, which includes the ability to invest in Commercial Paper and Corporate Notes in accordance with RCW 39.59.040 and Washington State Investment Board policy number 2.05.500.

The following table sets forth the percentages by investment type of the District's total investment portfolio as of December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
US treasuries	27%	35%
Mutual fund/US government securities	17	5
Federal National Mortgage Association	10	8
Federal Home Loan Bank	5	3
Federal Home Loan Mortgage Corporation	17	16
Government National Mortgage Association	3	2
King County Investment Pool	2	1
Credit	16	27
Taxable municipal bonds	1	1
Government-related securities	2	2
	<u>100%</u>	<u>100%</u>

(5) Capital Assets

The schedule of capital asset activity for the years ended December 31, 2023 and 2022 is as follows:

	<u>January 1, 2023</u>	<u>Additions and adjustments</u>	<u>Sales and retirements</u> (In thousands)	<u>Account transfers</u>	<u>December 31, 2023</u>
Assets at cost:					
Nondepreciable capital assets:					
Land	\$ 4,914	—	—	—	4,914
Construction in progress	9,873	34,445	—	(38,228)	6,090
Total nondepreciable capital assets	<u>14,787</u>	<u>34,445</u>	<u>—</u>	<u>(38,228)</u>	<u>11,004</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

	<u>January 1, 2023</u>	<u>Additions and adjustments</u>	<u>Sales and retirements</u> (In thousands)	<u>Account transfers</u>	<u>December 31, 2023</u>
Depreciable capital assets:					
Land improvements	\$ 13,092	—	(154)	—	12,938
Buildings	414,108	—	(745)	13,110	426,473
Equipment	485,636	—	(19,000)	25,118	491,754
Total depreciable capital assets	912,836	—	(19,899)	38,228	931,165
Less accumulated depreciation:					
Land improvements	11,969	277	(153)	—	12,093
Buildings	227,379	15,732	(745)	—	242,366
Equipment	333,820	27,156	(12,954)	—	348,022
Total accumulated depreciation	573,168	43,165	(13,852)	—	602,481
Depreciable capital assets, net	339,668	(43,165)	(6,047)	38,228	328,684
Capital assets, net	\$ 354,455	(8,720)	(6,047)	—	339,688
	<u>January 1, 2022</u>	<u>Additions and adjustments</u>	<u>Sales and retirements</u> (In thousands)	<u>Account transfers</u>	<u>December 31, 2022</u>
Assets at cost:					
Nondepreciable capital assets:					
Land	\$ 4,914	—	—	—	4,914
Construction in progress	33,286	71,493	—	(94,906)	9,873
Total nondepreciable capital assets	38,200	71,493	—	(94,906)	14,787
Depreciable capital assets:					
Land improvements	13,121	(29)	—	—	13,092
Buildings	386,213	1,209	14	26,672	414,108
Equipment	426,816	(1,180)	(8,234)	68,234	485,636
Total depreciable capital assets	826,150	—	(8,220)	94,906	912,836

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

	<u>January 1, 2022</u>	<u>Additions and adjustments</u>	<u>Sales and retirements</u> (In thousands)	<u>Account transfers</u>	<u>December 31, 2022</u>
Less accumulated depreciation: \$					
Land improvements	11,661	333	—	(25)	11,969
Buildings	211,324	15,007	12	1,036	227,379
Equipment	318,303	24,706	(8,178)	(1,011)	333,820
Total accumulated depreciation	<u>541,288</u>	<u>40,046</u>	<u>(8,166)</u>	<u>—</u>	<u>573,168</u>
Depreciable capital assets, net	<u>284,862</u>	<u>(40,046)</u>	<u>(54)</u>	<u>94,906</u>	<u>339,668</u>
Capital assets, net \$	<u><u>323,062</u></u>	<u><u>31,447</u></u>	<u><u>(54)</u></u>	<u><u>—</u></u>	<u><u>354,455</u></u>

Depreciation and amortization recognized in operating expenses were \$62.7 million and \$55.8 million for the years ended December 31, 2023 and 2022, respectively. Included in these amounts were \$11.0 million and \$10.9 million related to RTU lease asset amortization for the years ended December 31, 2023 and 2022, respectively.

The schedule of capital asset activity for EHM for the years ended December 31, 2023 and 2022 is as follows:

	<u>Balance January 1, 2023</u>	<u>Additions</u>	<u>Transfers</u>	<u>Retirements</u>	<u>Balance December 31, 2023</u>
Nondepreciable capital assets:					
Land	\$ 1,879	—	—	—	1,879
Construction in progress	<u>1,199</u>	<u>2,483</u>	<u>(1,635)</u>	<u>(394)</u>	<u>1,653</u>
Total nondepreciable capital assets	<u>3,078</u>	<u>2,483</u>	<u>(1,635)</u>	<u>(394)</u>	<u>3,532</u>
Depreciable capital assets:					
Land improvements	1,234	—	—	—	1,234
Buildings and improvements	30,405	—	10	—	30,415
Equipment	<u>22,415</u>	<u>7</u>	<u>1,625</u>	<u>(5)</u>	<u>24,042</u>
Total depreciable capital assets	<u>54,054</u>	<u>7</u>	<u>1,635</u>	<u>(5)</u>	<u>55,691</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

	Balance January 1, 2023	Additions	Transfers	Retirements	Balance December 31, 2023
Less accumulated depreciation:					
Land improvements	\$ (1,064)	(62)	—	—	(1,126)
Buildings and improvements	(24,036)	(1,097)	—	—	(25,133)
Equipment	(19,942)	(886)	—	5	(20,823)
Total accumulated depreciation	(45,042)	(2,045)	—	5	(47,082)
Total depreciable capital assets, net	9,012	(2,038)	1,635	—	8,609
Total capital assets, net	\$ 12,090	445	—	(394)	12,141
	Balance January 1, 2022	Additions	Transfers	Retirements	Balance December 31, 2022
Nondepreciable capital assets:					
Land	\$ 1,879	—	—	—	1,879
Construction in progress	219	1,100	(120)	—	1,199
Total nondepreciable capital assets	2,098	1,100	(120)	—	3,078
Depreciable capital assets:					
Land improvements	1,234	—	—	—	1,234
Buildings and improvements	30,336	—	69	—	30,405
Equipment	22,196	168	51	—	22,415
Total depreciable capital assets	53,766	168	120	—	54,054
Less accumulated depreciation:					
Land improvements	(1,001)	(63)	—	—	(1,064)
Buildings and improvements	(22,906)	(1,130)	—	—	(24,036)
Equipment	(18,974)	(968)	—	—	(19,942)
Total accumulated depreciation	(42,881)	(2,161)	—	—	(45,042)
Total depreciable capital assets, net	10,885	(1,993)	120	—	9,012
Total capital assets, net	\$ 12,983	(893)	—	—	12,090

(6) Other Assets

Evergreen Radia, LLC

During 2003, the District formed a limited liability company with a local radiology group for the purpose of providing outpatient diagnostic imaging services to individuals within the community. The District had a 50% interest in this joint venture at December 31, 2023 and 2022, which is accounted for using the equity

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

method of accounting. During the years ended December 31, 2023 and 2022, the District recognized its proportionate share of the Evergreen Radia, LLC's net income, as other operating revenue.

The following represents the summary reviewed financial information of Evergreen Radia, LLC as of December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
	(In thousands)	
Current assets	\$ 6,566	8,510
Noncurrent assets, net	<u>12,805</u>	<u>7,374</u>
	<u>\$ 19,371</u>	<u>15,884</u>
Current liabilities	\$ 4,798	4,086
Long-term liabilities	10,767	6,424
Equity	<u>3,806</u>	<u>5,374</u>
	<u>\$ 19,371</u>	<u>15,884</u>
Revenue	\$ 19,578	18,464
Expenses	<u>16,401</u>	<u>14,442</u>
Net income	<u>\$ 3,177</u>	<u>4,022</u>

Eastside Health Alliance, LLC

During 2017, the District formed a limited liability company with Overlake Medical Center to create a clinically integrated network of providers to deliver value-based care on the Eastside. The District had a 50% interest in this joint venture at December 31, 2023 and 2022, which is accounted for using the equity method of accounting. During the years ended December 31, 2023 and 2022, the District recognized its proportionate share of the Eastside Health Alliance, LLC's net loss, as a reduction to other operating revenue.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

The following represents the summary unaudited financial information of Eastside Health Alliance, LLC as of December 31, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
	(In thousands)	
Current assets	\$ 6,964	3,931
Noncurrent assets, net	—	—
	<u>\$ 6,964</u>	<u>3,931</u>
Current liabilities	\$ 3,538	1,804
Long-term liabilities	—	—
Equity	3,426	2,127
	<u>\$ 6,964</u>	<u>3,931</u>
Revenue	\$ 10,100	8,179
Expenses	12,642	10,824
Net loss	<u>\$ (2,542)</u>	<u>(2,645)</u>

(7) Long-Term Debt and Lease Obligations

(a) Long-Term Debt

Long-term debt consists of the following:

	<u>December 31</u>	
	<u>2023</u>	<u>2022</u>
	(In thousands)	
Limited Tax General Obligation (LTGO) Series 2015 (fixed rate), payable annually through 2031, interest at 3.63% to 5.00%	\$ 2,650	9,610
LTGO Series 2020 A (fixed rate), payable annually through 2045, interest at 4.00%	59,940	59,940
LTGO Series 2020 B (fixed rate), payable annually through 2035, interest at 1.30% to 2.54%	31,015	36,790
LTGO Series 2021 (fixed rate), payable annually through 2044, interest at 0.57% to 3.11%	151,725	152,175
Unlimited Tax General Obligation Refunding Bonds (UTGO), Series 2013 (fixed rate), payable semiannually through		

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

	December 31	
	2023	2022
	(In thousands)	
Unlimited Tax General Obligation Refunding Bonds (UTGO), Series 2013 (fixed rate), payable semiannually through 2023, interest at 3.00% to 5.00%	\$ —	7,900
	245,330	266,415
Plus bond discounts and premiums	9,161	10,166
	254,491	276,581
Less current portion	(5,715)	(14,960)
	<u>\$ 248,776</u>	<u>261,621</u>

Long-term debt obligations 2023 and 2022 activity summary for the District is as follows (in thousands):

	January 1, 2023	Additions	Reductions	December 31, 2023	Amounts due within one year
Limited general obligation bonds:					
2015 series	\$ 6,245	—	3,595	2,650	2,650
2020 series A	59,940	—	—	59,940	—
2020 series B	34,030	—	3,015	31,015	3,065
2021 series	152,175	—	450	151,725	—
Unlimited general obligation bonds:					
2013 series	7,900	—	7,900	—	—
Total long-term debt	260,290	—	14,960	245,330	5,715
Bond discounts and premiums	10,166	—	1,005	9,161	—
Total long-term debt obligations	<u>\$ 270,456</u>	<u>—</u>	<u>15,965</u>	<u>254,491</u>	<u>5,715</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

	January 1, 2022	Additions	Reductions	December 31, 2022	Amounts due within one year
Limited general obligation bonds:					
2015 series	\$ 9,610	—	3,365	6,245	3,595
2020 series A	59,940	—	—	59,940	—
2020 series B	36,790	—	2,760	34,030	3,015
2021 series	152,175	—	—	152,175	450
Unlimited general obligation bonds:					
2013 series	15,425	—	7,525	7,900	7,900
Total long-term debt	273,940	—	13,650	260,290	14,960
Bond discounts and premiums	11,376	—	1,208	10,168	1,006
Total long-term debt obligations	\$ 285,316	—	14,858	270,458	15,966

A summary of the District future maturities on long-term debt for the next five years and thereafter as of December 31, 2023 for both principal and interest is presented below (in thousands):

	Bonds	
	Principal	Interest
2024	\$ 5,715	7,193
2025	6,250	7,014
2026	6,705	6,924
2027	7,175	6,818
2028	7,670	6,692
Amounts due 2029–2033	46,625	30,857
Amounts due 2034–2038	62,765	24,257
Amounts due 2039–2043	76,855	13,063
Amounts due 2044–2048	25,570	1,286
	\$ 245,330	104,104

Total unamortized bond discounts and premiums are \$9.2 million as of December 31, 2023.

Overview of Bonds

UTGO bonds are secured by the irrevocable pledge of the District to levy taxes annually, without limitation as to rate or amount based on a vote of the electors, on all taxable property within the District. LTGO bonds are secured by the irrevocable pledge of the District to levy taxes annually, within the constitutional and statutory limitations provided by law without a vote of the electors, upon property in the District, as well as the net revenue of the District for amounts that exceed that available through the levy.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Subsequent Debt Activity

On February 13, 2024, the District issued the 2024 series LTGO bond for the principal amount of \$39.6 million. This bond was issued as a fixed rate bond that bear interest ranging from 5.00% to 5.25%. Annual principal payments range from \$25 thousand in 2027 to \$3.9 million in 2042, with final payment of \$23.4 million due in 2045.

(b) Leases

(i) Lessee

The District enters into noncancellable leases primarily for buildings and equipment. For leases with a maximum possible term of 12 months or less at commencement, the District recognizes expense based on the terms of the lease contract. For all other leases, the District recognizes a lease liability, which is recorded within the current portion of lease liabilities and long-term lease liabilities in the statements of net position and an intangible RTU asset, net of accumulated amortization at the present value of payments expected to be made throughout the lease term. The District uses its incremental borrowing rate based on information available at the commencement date of the lease in determining the present value of lease payments.

Subsequently, the lease liability is reduced by the principal portion of lease payments made. Interest expense is ratably recognized over the term of the contract. The RTU asset is initially measured as the initial amount of the lease liability, plus lease payments made at or before the lease commencement date, plus any initial direct costs ancillary to placing the underlying asset into service, less any lease incentives received at or before the lease commencement date. Subsequently, the RTU asset is amortized on a straight-line basis over the lease term which is recorded within depreciation and amortization in the statements of revenues, expenses, and changes in net position.

Some leases include one or more renewal options which generally extend the lease and the market rate of rental payments. All such options are at the District's discretion and if it is reasonably certain that the renewal option(s) will be exercised, the renewal option payments and term are included in the measurement of the lease liability and the RTU asset.

Certain leases require the District to make variable lease payments that relate to common area maintenance (CAM), insurance, taxes, or other payments based on performance or usage. Variable lease payments, other than those payments that depend on an index or rate or are fixed in substance, are excluded from the measurement of the lease liability. Variable lease payments are recognized within other expenses in the statements of revenues, expenses, and changes in net position when the event, activity, or circumstance in the lease agreement on which those payments are assessed occurs. The amounts recognized as expense for variable lease payments not included in the measurement of the lease liability were \$4.0 million for both years ended December 31, 2023 and 2022.

The District enters into SBITAs primarily for information technology software subscriptions. For subscriptions with a maximum possible term of 12 months or less at commencement, the District recognizes expense based on the terms of the subscription. For all other leases, the District recognizes a software RTU liability, which is recorded within other current liabilities and other

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

noncurrent liabilities in the statements of net position and an intangible RTU asset, net of accumulated amortization at the present value of payments expected to be made throughout the subscription term. The District uses its incremental borrowing rate based on information available at the commencement date of the subscription in determining the present value of subscription payments.

Subsequently, the software RTU liability is reduced by the principal portion of subscription payments made. Interest expense is ratably recognized over the term of the contract. The RTU asset is initially measured as the initial amount of the software RTU liability, plus subscription payments made at or before the contract commencement date, plus any initial direct costs ancillary to placing the underlying asset into service. Subsequently, the RTU asset is amortized on a straight-line basis over the lease term, which is recorded within depreciation and amortization in the statements of revenues, expenses, and changes in net position.

RTU Leased Assets

A summary of the District's RTU leased assets and related accumulated amortization for the years ended December 31, 2023 and 2022 is presented below (in thousands):

	January 1, 2023	Additions	Modifications/ Renewals	Deductions	December 31, 2023
Leased assets:					
Buildings	\$ 258,559	—	561	—	259,120
Equipment	2,223	—	—	—	2,223
Software subscriptions	30,420	7,794	—	—	38,214
Total leased assets	291,202	7,794	561	—	299,557
Less accumulated amortization:					
Buildings	20,438	10,630	—	—	31,068
Equipment	1,082	382	—	—	1,464
Software subscriptions	5,279	8,740	—	—	14,019
Total accumulated amortization	26,799	19,752	—	—	46,551
Leased assets, net	\$ 264,403	(11,958)	561	—	253,006
	January 1, 2022	Additions	Modifications/ Renewals	Deductions	December 31, 2022
Leased assets:					
Buildings	\$ 251,457	7,102	—	—	258,559
Equipment	2,223	—	—	—	2,223
Software subscriptions	30,420	—	—	—	30,420
Total leased assets	284,100	7,102	—	—	291,202

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

	<u>January 1, 2022</u>	<u>Additions</u>	<u>Modifications/ Renewals</u>	<u>Deductions</u>	<u>December 31, 2022</u>
Less accumulated amortization:					
Buildings	\$ 10,110	10,328	—	—	20,438
Equipment	568	514			1,082
Software subscriptions	<u>—</u>	<u>5,279</u>	<u>—</u>	<u>—</u>	<u>5,279</u>
Total accumulated amortization	<u>10,678</u>	<u>16,121</u>	<u>—</u>	<u>—</u>	<u>26,799</u>
Leased assets, net	\$ <u>273,422</u>	<u>(9,019)</u>	<u>—</u>	<u>—</u>	<u>264,403</u>

Lease Liabilities

Changes in the District's lease liabilities for the years ended December 31, 2023 and 2022 is presented below (in thousands):

	<u>Beginning balance</u>	<u>Additions</u>	<u>Deductions</u>	<u>Ending balance</u>	<u>Due within one year</u>
Year ended:					
December 31, 2023	\$ 252,562	1,076	(4,467)	249,171	5,330
December 31, 2022	249,782	7,102	(4,322)	252,562	4,792

Lease Maturities

The following schedule shows future annual lease payments, for the next five years and thereafter, as of December 31, 2023 for both principal and interest (in thousands):

	<u>Leases</u>	
	<u>Principal</u>	<u>Interest</u>
2024	\$ 5,330	7,627
2025	5,853	7,346
2026	6,181	7,058
2027	6,500	6,833
2028	7,076	6,628
Amounts due 2029–2033	42,886	29,516
Amounts due 2034–2038	45,541	22,615
Amounts due 2039–2043	49,066	19,608
Thereafter	<u>80,738</u>	<u>15,127</u>
	\$ <u>249,171</u>	<u>122,358</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

(ii) Lessor

The District owns and operates the Evergreen Professional Center (EPC), the Evergreen Surgical and Physicians Center (ES&PC), and the DeYoung Pavilion, which contain approximately 52,000 total square feet of space for physician offices and other healthcare services available for lease. For leases with terms greater than 12 months, the District recognizes a lease receivable and deferred inflows of resources at the present value of payments expected to be received during the lease term using the District's incremental borrowing rate.

Subsequently, the lease receivable is reduced by the lease payments received and the discount on the lease receivable is amortized through recognition of interest income, which is netted against interest expense in the statements of revenue, expenses, and changes in net position. The current portion of the lease receivable is recorded within other current assets and the long-term lease receivable is recorded in other assets in the statements of net position. The deferred inflow of resources are recognized over the term of the lease in subsequent periods as lease revenue, which is recorded in other operating revenue in the statements of revenue, expenses, and changes in net position.

Certain leases require the lessee to make variable lease payments related to common area maintenance (CAM) and insurance payments based on performance or usage. Variable payments, other than those that depend on an index or rate or are fixed in substance, are excluded from the measurement of the lease receivable and recorded as other operating revenue in the statements of revenue, expenses, and changes in net position.

Revenue from leases for the years ended December 31, 2023 and 2022 are as follows:

	December 31	
	2023	2022
	(In thousands)	
Lease revenue	\$ 4,711	4,876
Interest revenue	1,155	1,304
Total	<u>\$ 5,866</u>	<u>6,180</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

The following schedule shows future annual lease receipts, for the next five years and thereafter, as of December 31, 2023 for both principal and interest (in thousands):

	Leases	
	Principal	Interest
Year ending December 31:		
2024	\$ 3,576	1,000
2025	3,655	890
2026	3,739	779
2027	3,932	665
2028	3,924	546
Thereafter	16,084	1,487
	<u>\$ 34,910</u>	<u>5,367</u>

(c) Component Unit – EHM

Long-term debt of EHM consist of the following:

	December 31	
	2023	2022
Limited Tax General Obligation Refunding Bonds (LTGO)		
Series 2019 (fixed rate), payable semiannually through 2034, interest at 2.95%	\$ 13,935	14,825
LTGO Series 2019 (fixed rate), payable semiannually through 2029, interest at 3.25%	3,828	4,397
Total long-term debt	17,763	19,222
Plus bond discounts	(132)	(154)
Less current portion	1,563	1,459
Long-term debt, net of current portion	<u>\$ 16,068</u>	<u>17,609</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Long-term debt 2023 and 2022 activity summary of EHM is as follows (in thousands):

	January 1, 2023	Additions	Reductions	December 31, 2023	Amounts due within one year
LTGO refunding bonds, 2019	\$ 14,825	—	(890)	13,935	975
LTGO bonds, 2019	4,397	—	(569)	3,828	588
	19,222	—	(1,459)	17,763	1,563
Unamortized discounts 2019 bond	(154)	—	22	(132)	—
Total long-term debt	\$ 19,068	—	(1,437)	17,631	1,563

	January 1, 2022	Additions	Reductions	December 31, 2022	Amounts due within one year
LTGO refunding bonds, 2019	\$ 15,665	—	(840)	14,825	890
LTGO bonds, 2019	4,949	—	(552)	4,397	569
Capital lease obligations	29	—	(29)	—	—
	20,643	—	(1,421)	19,222	1,459
Unamortized discounts 2019 bond	(177)	—	23	(154)	—
Total long-term debt	\$ 20,466	—	(1,398)	19,068	1,459

A summary of EHM's future maturities on long-term debt for the next five years and thereafter as of December 31, 2023 for both principal and interest is presented below (in thousands):

	Principal	Interest
2024	\$ 1,563	535
2025	1,637	488
2026	1,707	437
2027	1,782	385
2028	1,863	331
2029–2033	7,615	890
2034–2037	1,596	47
Total	17,763	\$ 3,113
Less amount representing net unamortized bond discounts	(132)	
Total	\$ 17,631	

Total unamortized bond discounts and premiums are \$132 thousand as of December 31, 2023.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

RTU Leased Assets

RTU leased assets 2023 and 2022 activity summary of EHM is as follows (in thousands):

	<u>January 1, 2023</u>	<u>Additions</u>	<u>Modifications/ Renewals</u>	<u>Deductions</u>	<u>December 31, 2023</u>
Leased assets:					
Buildings	\$ 10,027	—	—	—	10,027
Equipment	139	119	—	—	258
Total leased assets	<u>10,166</u>	<u>119</u>	<u>—</u>	<u>—</u>	<u>10,285</u>
Less accumulated amortization:					
Buildings	(1,374)	(687)	—	—	(2,061)
Equipment	(19)	(39)	—	—	(58)
Total accumulated amortization	<u>(1,393)</u>	<u>(726)</u>	<u>—</u>	<u>—</u>	<u>(2,119)</u>
Leased assets, net \$	<u>8,773</u>	<u>(607)</u>	<u>—</u>	<u>—</u>	<u>8,166</u>

	<u>January 1, 2022</u>	<u>Additions</u>	<u>Modifications/ Renewals</u>	<u>Deductions</u>	<u>December 31, 2022</u>
Leased assets:					
Buildings	\$ 10,027	—	—	—	10,027
Equipment	—	139	—	—	139
Total leased assets	<u>10,027</u>	<u>139</u>	<u>—</u>	<u>—</u>	<u>10,166</u>
Less accumulated amortization:					
Buildings	(687)	(687)	—	—	(1,374)
Equipment	—	(19)	—	—	(19)
Total accumulated amortization	<u>(687)</u>	<u>(706)</u>	<u>—</u>	<u>—</u>	<u>(1,393)</u>
Leased assets, net \$	<u>9,340</u>	<u>(567)</u>	<u>—</u>	<u>—</u>	<u>8,773</u>

Lease Liabilities

Changes in the EHM's lease liabilities for the years ended December 31, 2023 and 2022 is presented below (in thousands):

	<u>Beginning balance</u>	<u>Additions</u>	<u>Deductions</u>	<u>Ending balance</u>	<u>Due within one year</u>
Year ended:					
December 31, 2023	\$ 9,225	119	(517)	8,827	589
December 31, 2022	9,571	139	(485)	9,225	516

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Lease Maturities

The following schedule shows future annual lease payments, for the next five years and in five-year increments thereafter, as of December 31, 2023 for both principal and interest (in thousands):

	Leases	
	Principal	Interest
2024	\$ 589	349
2025	624	320
2026	666	285
2027	671	246
2028	693	215
Amounts due 2029–2033	2,864	620
Amounts due 2034–2038	2,720	209
	<u>\$ 8,827</u>	<u>2,244</u>

Revenue from leases for the years ended December 31, 2023 and 2022 are as follows (in thousands):

	December 31	
	2023	2022
Lease revenue	\$ 305	279
Interest revenue	206	215
Total	<u>\$ 511</u>	<u>494</u>

The following schedule shows future annual lease receipts, for the next five years and thereafter, as of December 31, 2023 for both principal and interest (in thousands):

	Leases	
	Principal	Interest
Year ending December 31:		
2024	\$ 329	197
2025	355	187
2026	383	176
	<u>\$ 1,067</u>	<u>560</u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

(8) Commitment and Contingencies

(a) Insurance Coverage

The District holds professional liability insurance coverage through an independent insurance company. The insurance coverage is based on a claims-made policy. The District is self-insured for the professional liability tail and expected claims payouts below the retention limit on this coverage. The policy's self-insured retention limit is \$1.0 million per claim and \$4.0 million per aggregate.

The District records its actuarial estimate for professional claims liability at its best estimate of the ultimate losses and costs associated with settling claims. The professional liability expense was \$4.4 million and \$1.3 million at December 31, 2023 and 2022, respectively. At December 31, 2023 and 2022, the estimated long-term and short-term professional claims liability was \$6.5 million and \$1.6 million and \$4.9 million and \$1.0 million, respectively.

The District is self-insured for various programs, including employee medical benefits and workers' compensation. The estimated ultimate costs of claims under these programs are accrued when the incidents occur that give rise to the claims. Accrued amounts for these programs of approximately \$11.2 million and \$8.9 million at December 31, 2023 and 2022, respectively, are reported as part of accrued compensation and related liabilities in the accompanying statements of net position. The accrued amounts include known liabilities of the programs and estimated incurred but not reported claims.

(b) Litigation

The District is involved in litigation arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the District's future financial position or results from operations.

(c) Compliance with Laws and Regulations

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government agencies are actively conducting investigations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion by healthcare providers, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with the fraud and abuse regulations as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions known or unasserted at this time.

(d) Risk Management

The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; and natural disasters. The District maintains commercial insurance coverage designed to provide for claims arising from such matters.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

(9) Retirement Plans

The District has a defined-contribution retirement plan covering substantially all eligible employees. The District makes a matching contribution of up to a maximum of 8% of the employee's eligible compensation. All matching contributions vest over a five-year schedule.

In addition to the retirement plan, the District maintains a voluntary employee deferred compensation program under the provision of Section 457 of the Internal Revenue Service Code. Under this program, the District employees can defer a portion of their income until withdrawn in future years. All assets are required to be held in trust for the exclusive benefit of participants and their beneficiaries. The District also contributes up to 4% of compensation as base pension depending on years of service.

Retirement plan expense, incurred and reflected in employee benefits, was approximately \$23.7 million and \$22.2 million in 2023 and 2022, respectively. Employee contributions to the benefit plans totaled approximately \$42.2 million and \$39.7 million in 2023 and 2022, respectively. Both plans are administered by the District under recordkeeping and trust agreements with third parties.

The District has a postemployment benefit plan covering the executive management team. The District makes annual contributions to the SERP. The SERP is recorded under assets limited as to use and under noncurrent liabilities on the statements of net position. At December 31, 2023 and 2022, the SERP balance was \$2.1 million and \$1.8 million, respectively.

(10) Concentration of Credit Risk

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 hospital receivables at December 31 was as follows:

	Receivables	
	2023	2022
Non-Government third-party payors	57.8%	43.3%
Medicare	33.5	37.1
Medicaid	6.1	11.1
Patient self-pay	2.6	8.5
	<u>100.0%</u>	<u>100.0%</u>

(11) Property Taxes

The King County treasurer acts as an agent to collect property taxes levied in the county for all taxing authorities. Taxes are levied annually on January 1, on property values listed as of the prior May 31. Assessed values are established by the King County assessor at 100% of fair market value. A revaluation of all property is required every four years.

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly by the county treasurer.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general district purposes. The Washington State Constitution and Washington State Law, RCW 84.55.100, limit the rate. The District may also levy taxes at a lower rate. Additional amounts of tax need to be authorized by a vote of the residents of the District.

For 2023 and 2022, the District's regular levy request was \$0.14 per \$1,000 and \$0.18 per \$1,000 on a total assessed valuation of the property within the District of \$154.6 billion and \$116.5 billion for a total regular levy of \$20.7 million and \$20.3 million, respectively. Excess levies totaled \$8.3 million in both 2023 and 2022, and related to debt service, mainly due to the hospital-based emergency department and patient facility, which opened in 2007.

Property taxes are recorded as receivables when levied. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

(12) Blended Component Unit

Condensed combining statements for the District and its blended component unit, the Foundation, are shown below:

Statement of net position – December 31, 2023				
	Combined entities	Eliminations/ reclassifications	District	Foundation
	(In thousands)			
Assets:				
Current assets:				
Total current assets	\$ 275,973	(376)	267,642	8,707
Noncurrent assets:				
Total other assets	176,896	—	172,601	4,295
Capital assets, net	339,688	—	339,688	—
Right-to-use leased assets	228,811	—	228,811	—
Total assets	1,021,368	(376)	1,008,742	13,002
Deferred outflows of resources	6,051	—	6,051	—
Total assets and deferred outflows of resources	\$ 1,027,419	(376)	1,014,793	13,002

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Statement of net position – December 31, 2023				
	Combined entities	Eliminations/ reclassifications	District	Foundation
	(In thousands)			
Liabilities:				
Total current liabilities	\$ 156,051	(376)	156,041	386
Total noncurrent liabilities	<u>543,877</u>	<u>—</u>	<u>543,877</u>	<u>—</u>
Total liabilities	<u>699,928</u>	<u>(376)</u>	<u>699,918</u>	<u>386</u>
Deferred inflows of resources related to leases	31,928	—	31,928	—
Net position:				
Invested in capital assets, net of related debt	65,677	—	65,677	—
Restricted:				
Expendable	8,802	—	748	8,054
Nonexpendable	2,445	—	459	1,986
Unrestricted	<u>218,639</u>	<u>—</u>	<u>216,063</u>	<u>2,576</u>
Total net position	295,563	—	282,947	12,616
Total liabilities, deferred inflows of resources, and net position	\$ <u><u>1,027,419</u></u>	<u><u>(376)</u></u>	<u><u>1,014,793</u></u>	<u><u>13,002</u></u>

Statement of net position – December 31, 2022				
	Combined entities	Eliminations/ reclassifications	District	Foundation
	(In thousands)			
Assets:				
Current assets:				
Total current assets	\$ 240,969	(1,044)	232,439	9,574
Noncurrent assets:				
Total other assets	246,267	—	241,065	5,202
Capital assets, net	354,455	—	354,455	—
Right-to-use leased assets	<u>239,262</u>	<u>—</u>	<u>239,262</u>	<u>—</u>
Total assets	1,080,953	(1,044)	1,067,221	14,776
Deferred outflows of resources	<u>6,966</u>	<u>—</u>	<u>6,966</u>	<u>—</u>
Total assets and deferred outflows of resources	\$ <u><u>1,087,919</u></u>	<u><u>(1,044)</u></u>	<u><u>1,074,187</u></u>	<u><u>14,776</u></u>

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Statement of net position – December 31, 2022				
	Combined entities	Eliminations/ reclassifications	District	Foundation
	(In thousands)			
Liabilities:				
Total current liabilities	\$ 156,380	(1,044)	156,275	1,149
Total noncurrent liabilities	535,596	—	535,596	—
Total liabilities	691,976	(1,044)	691,871	1,149
Deferred inflows of resources related to leases	38,945	—	38,945	—
Net position:				
Invested in capital assets, net of related debt	81,080	—	81,080	—
Restricted:				
Expendable	9,979	—	306	9,673
Nonexpendable	2,741	—	761	1,980
Unrestricted	263,198	—	261,224	1,974
Total net position	356,998	—	343,371	13,627
Total liabilities, deferred inflows of resources, and net position	\$ 1,087,919	(1,044)	1,074,187	14,776

Statement of revenue, expenses, and changes in net position – year ended December 31, 2023			
	Combined entities	District	Foundation
	(In thousands)		
Revenue:			
Operating revenue:			
Net patient service revenue	\$ 858,922	858,922	—
Other operating revenue	52,430	48,795	3,635
Total operating revenue	911,352	907,717	3,635
Expenses:			
Operating expenses:			
Other operating expenses	956,942	950,337	6,605
Depreciation and amortization	62,653	62,653	—
Total operating expenses	1,019,595	1,012,990	6,605
Excess (deficit) of revenue over expenses from operations	(108,243)	(105,273)	(2,970)

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Statement of revenue, expenses, and changes in net position – year ended December 31, 2023			
	Combined entities	District	Foundation
		(In thousands)	
Nonoperating income, net of expenses:			
Property taxes	\$ 29,029	29,029	—
Interest and amortization expense	(15,025)	(15,025)	—
Other nonoperating revenue	28,801	28,298	503
Net nonoperating income	42,805	42,302	503
Excess of revenue over expenses	(65,438)	(62,971)	(2,467)
Capital grants and contributions	4,003	2,547	1,456
Total change in net position	(61,435)	(60,424)	(1,011)
Net position, beginning of year	356,998	343,371	13,627
Net position, end of year	\$ 295,563	282,947	12,616

Statement of revenue, expenses, and changes in net position – year ended December 31, 2022			
	Combined entities	District	Foundation
		(In thousands)	
Revenue:			
Operating revenue:			
Net patient service revenue	\$ 789,305	789,305	—
Other operating revenue	46,216	41,386	4,830
Total operating revenue	835,521	830,691	4,830
Expenses:			
Operating expenses:			
Other operating expenses	882,551	877,692	4,859
Depreciation and amortization	55,795	55,795	—
Total operating expenses	938,346	933,487	4,859
Excess (deficit) of revenue over expenses from operations	(102,825)	(102,796)	(29)

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

**Statement of revenue, expenses, and changes
in net position – year ended December 31, 2022**

	Combined entities	District	Foundation
		(In thousands)	
Nonoperating income, net of expenses:			
Property taxes	\$ 28,609	28,609	—
Interest and amortization expense	(15,801)	(15,801)	—
Other nonoperating revenue	(2,118)	(1,585)	(533)
Net nonoperating income	10,690	11,223	(533)
Excess of revenue over expenses	(92,135)	(91,573)	(562)
Capital grants and contributions	2,126	742	1,384
Total change in net position	(90,009)	(90,831)	822
Net position, beginning of year	447,007	434,202	12,805
Net position, end of year	\$ 356,998	343,371	13,627

**Statement of cash flows – year ended
December 31, 2023**

	Combined entities	District	Foundation
		(In thousands)	
Net cash provided by (used in):			
Operating activities	\$ (5,789)	(4,162)	(1,627)
Noncapital financing activities	35,285	35,279	6
Capital and related financing activities	(56,859)	(56,859)	—
Investing activities	68,589	65,069	3,520
Net increase in cash and cash equivalents	41,226	39,327	1,899
Cash and cash equivalents, beginning of year	47,786	43,321	4,465
Cash and cash equivalents, end of year	\$ 89,012	82,648	6,364

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

(d/b/a EvergreenHealth)

Notes to Financial Statements

December 31, 2023 and 2022

Statement of cash flows – year ended December 31, 2022			
	Combined entities	District	Foundation
		(In thousands)	
Net cash provided by (used in):			
Operating activities	\$ (106,217)	(106,679)	462
Noncapital financing activities	9,771	9,763	8
Capital and related financing activities	(83,931)	(83,931)	—
Investing activities	158,014	160,247	(2,233)
Net increase in cash and cash equivalents	(22,363)	(20,600)	(1,763)
Cash and cash equivalents, beginning of year	70,149	63,921	6,228
Cash and cash equivalents, end of year	\$ 47,786	43,321	4,465



KPMG LLP
Suite 2800
401 Union Street
Seattle, WA 98101

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

The Board of Commissioners
King County Public Hospital District No. 2 d/b/a EvergreenHealth:

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 the business-type activities and the discretely presented component unit of King County Public Hospital District No. 2 d/b/a EvergreenHealth (the District), as of and for the year ended December 31, 2023, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated May 30, 2024.

Report on Internal Control Over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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



Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the 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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

Seattle, Washington
May 30, 2024



KPMG LLP
Suite 2800
401 Union Street
Seattle, WA 98101

Independent Auditors' Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

The Board of Commissioners
King County Public Hospital District No. 2 d/b/a EvergreenHealth:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited King County Public Hospital District No. 2 d/b/a EvergreenHealth's (the District's) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the year ended December 31, 2023. The District's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with 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 opinion on compliance for each major federal program. Our audit does not provide a legal determination of the District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the District's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government*



Auditing Standards, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the District's compliance with the requirements of each major federal program as a whole.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, 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 District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed instances of noncompliance which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2023-001. Our opinion on each major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the District's response to the noncompliance findings identified in our compliance audit described in the accompanying schedule of findings and questioned costs. The District is also responsible for preparing a corrective action plan to address each audit finding included in our auditors' report. The District's response and corrective action plan were not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response or the corrective action plan.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a significant deficiency.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned



functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2023-001, to be a significant deficiency.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the District's response to the internal control over compliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The District is also responsible for preparing a corrective action plan to address each audit finding included in our auditors' report. The District's response and corrective action plan were not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response or the corrective action plan.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the business-type activities and the discretely presented component unit of the District as of and for the year ended December 31, 2023 and have issued our report thereon dated May 30, 2024, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

KPMG LLP

Seattle, Washington
September 30, 2024

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Schedule of Expenditures of Federal Awards

Year ended December 31, 2023

Federal AL, grant, or contract number	Subaward numbers	Federal grantor/pass-through grantor/program title	Federal expenditures	Passed through to subrecipients
		Federal Emergency Management Agency:		
97.036		Direct award:		
		COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters)	\$ 31,614,872	—
		Total Federal Emergency Management Agency	31,614,872	—
		U.S. Department of Health and Human Services:		
93.855	2UM1AI068636-15	Pass through from the University of California Los Angeles:		
		Allergy and Infectious Disease Research	5,370	—
		Total U.S. Department of Health and Human Services	5,370	—
		U.S. Department of Treasury:		
21.027		Pass through from Washington State Health Care Authority:		
		COVID-19 Coronavirus State and Local Fiscal Recovery Funds	20,971	—
		Total U.S. Department of Treasury	20,971	—
		Total expenditures of federal awards	\$ 31,641,213	—

See accompanying notes to schedules of expenditures of federal awards.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Notes to Schedule of Expenditures of Federal Awards

Year ended December 31, 2023

(1) Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of King County Public Hospital District No. 2 d/b/a EvergreenHealth (the District) under programs of the federal government for the year ended December 31, 2023. The information in this Schedule is presented in accordance with the requirements of the Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). The District's organizational structure is defined in note 1 of the notes to the District's financial statements. All federal financial assistance received directly from federal agencies, as well as federal financial assistance passed through from other government agencies or organizations, have been included in the accompanying Schedule. Because the Schedule presents only a selected portion of the operations of the District, it is not intended to and does not present the net position, changes in net position, or cash flows of the District.

(2) Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized as applicable, following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The District does not provide funding to subrecipients.

(3) Indirect Cost Rates

The District has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

(4) Personal Protective Equipment Receipts (Unaudited)

During the year ended December 31, 2023, the District did not receive donated personal protective equipment from various governmental entities.

(5) Amounts Related to Prior Year Expenditures

The eligible expenditures reported under Assistance Listing Number 97.036 on the Schedule reflect expenditures incurred in years prior to 2023. The amount of expenditures related to prior years is approximately \$29.3 million.

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Schedule of Findings and Questioned Costs

Year ended December 31, 2023

(1) Summary of Auditors' Results

- (a) Type of report issued on whether the financial statements were prepared in accordance with generally accepted accounting principles: **Unmodified**
- (b) Internal control deficiencies over financial reporting disclosed by the audit of the financial statements:
 - Material weaknesses: **No**
 - Significant deficiencies: **None reported**
- (c) Noncompliance material to the financial statements: **No**
- (d) Internal control deficiencies over major programs disclosed by the audit:
 - Material weaknesses: **No**
 - Significant deficiencies: **Yes**
- (e) Type of report issued on compliance for major programs: **Unmodified**
- (f) Audit findings that are required to be reported in accordance with 2 CFR 200.516(a): **Yes**
- (g) Major Programs:
 - COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters) – 97.036
- (h) Dollar threshold used to distinguish between Type A and Type B Programs: **\$949,236**
- (i) Auditee qualified as a low-risk auditee: **No**

(2) Findings Relating to the Financial Statements Reported in Accordance with Governmental Auditing Standards

None

(3) Federal Award Findings and Questioned Costs:

Finding Number: 2023-001

Program: COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters)

Federal Agency Name: Federal Emergency Management Agency

Federal Award Number: N/A

Federal Award Year: 2023

Federal Assistance Listing Number: 97.036

Compliance Requirement: B – Allowable Costs/Cost Principles

KING COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
(d/b/a EvergreenHealth)

Schedule of Findings and Questioned Costs

Year ended December 31, 2023

Criteria

Per Title 2, U.S. Code of Federal Regulations Part 200 (2 CFR 200), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, (Subpart D, Section 200.303), the nonfederal entity must establish and maintain effective internal controls over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. Further, Subpart E Section 200.403 states that costs must be determined in accordance with generally accepted accounting principles (GAAP), except, for state and local governments and Indian tribes only, as otherwise provided for.

Conditions Found

In one of 25 selections for testwork over allowability of costs, expenditures related to inventory were submitted for reimbursement to the Federal Emergency Management Agency (FEMA) at an incorrect value. Further, as the expenditures were not properly reviewed, this is an instance of the District's internal control not operating as designed.

Cause

The District does not have adequate processes and controls in place to ensure that all inventory expenditures submitted for reimbursement by FEMA under the COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters) program are priced accurately.

Effect

Without effective controls in place, expenditures could be reimbursed by the program that are considered unallowed or are not at appropriate values, resulting in non-compliance with program requirements.

Questioned Costs

\$21,437, representing the known amount of expenditures incorrectly reimbursed by COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters) program.

Statistical Sample

The sample was not intended to be, and was not, a statistically valid sample.

Repeat Finding

This finding is not a repeat finding in the immediate prior audit.

Recommendation

We recommend that management strengthen processes and controls in place to ensure all inventory expenditures submitted to FEMA for reimbursement under the COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters) program are appropriately reviewed prior to submission to ensure they are allowable and priced accurately.

Views of Responsible Officials

The District agrees with the finding and accepts the recommendation.



Corrective Action Plan
For the Year Ended December 31, 2023

AUDIT FINDINGS

2023-001: There were not adequate controls related to the reporting of expenditures on the schedule of expenditures of federal awards (Schedule) for the COVID-19 Disaster Grants – Public Assistance (Presidentially Declared Disasters) program (FEMA). Specifically, there was a system pricing issue that resulted in an incorrect amount of expenses related to inventory that were submitted to FEMA for reimbursement.

Name of Contact Person: Daria Heimerman, Director of Financial Reporting,
dtheimerman@evergreenhealthcare.org

Corrective Action Planned: FEMA has been notified and the amount has been updated as part of the project closeout.

Anticipated Completion Date: September 2024

Statement of Concurrence or Nonconcurrence: Management concurs with audit finding 2023-001.



EvergreenHealth
Schedule of Prior Audit Findings
Year ended December 31, 2023
Contact: Daria Heimerman, Director of Financial Reporting
dtheimerman@evergreenhealthcare.org

Finding 2022-01

AL #: 97.036 – COVID-19 Disaster Grants – Public Assistance (presidentially declared disasters)

Statement of Condition: For the year ended December 31, 2022, \$1,795,854 of FEMA expenditures were omitted from the 2022 Schedule.

Actions Taken: The 2022 Schedule has been restated to include the omitted funds. Additional reviews were implemented to ensure accuracy and completeness of the Schedule in future periods.

Status: Fully Corrected