KPMG

SAMARITAN HEALTH SERVICES, INC.

Consolidated Financial Statements

December 31, 2018 and 2017

(With Independent Auditors' Report Thereon)

KPMG LLP
Suite 3800
1300 South West Fifth Avenue
Portland, OR 97201

Independent Auditors' Report

The Board of Directors
Samaritan Health Services, Inc.:

We have audited the accompanying consolidated financial statements of Samaritan Health Services, Inc. (SHS), which comprise the consolidated balance sheets as of December 31, 2018 and 2017, and the related consolidated statements of operations and changes in changes in net assets without donor restrictions, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Samaritan Health Services, Inc. as of December 31, 2018 and 2017, and the results of its operations and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Emphasis of Matter

In 2018, SHS adopted new accounting guidance in Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), and ASU No. 2016-01, *Financial Instruments (*Topic 825). Our opinion is not modified with respect to this matter.

Other Matters

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedules of balance sheet information, statement of operations and changes in net assets without donor restrictions information are presented for purposes of additional analysis and are not a required part of the consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Portland, Oregon
March 27, 2019

SAMARITAN HEALTH SERVICES, INC.

Consolidated Balance Sheets

December 31, 2018 and 2017

(Dollars in thousands)

Assets		**2018**	**2017**
Current assets:			
Cash and cash equivalents	$	144,252	156,721
Short-term investments		40,717	37,702
Patient accounts receivable, net of allowance for uncollectible accounts of $6,374 in 2017		78,743	75,745
Other receivables		30,653	20,964
Inventories		15,004	14,781
Other current assets		11,035	9,700
Total current assets		320,404	315,613
Assets limited as to use:			
Restricted by donor for capital acquisition		2,877	2,147
Restricted by donor for permanent endowment		6,216	5,986
Held by trustee		54,836	63,712
Statutory deposits and other restricted investments		9,023	7,819
Total assets limited as to use		72,952	79,664
Long-term investments		104,996	113,263
Property, plant, and equipment, net		333,733	329,957
Other assets		18,328	19,121
Total assets	$	850,413	857,618

(Continued)

SAMARITAN HEALTH SERVICES, INC.

Consolidated Balance Sheets

December 31, 2018 and 2017

(Dollars in thousands)

Liabilities and Net Assets		**2018**	**2017**
Current liabilities:			
Accounts payable	$	49,039	38,966
Accrued salaries, wages, and benefits		56,997	67,589
Estimated third-party payor settlements		6,759	10,269
Liability for unpaid medical claims		30,614	30,243
Other current liabilities		24,219	24,886
Current portion of long-term debt		9,332	9,217
Total current liabilities		176,960	181,170
Long-term debt, less current portion		228,764	237,835
Professional liability, less current portion		15,875	14,723
Pension liability		24,947	29,106
Other liabilities		16,374	16,900
Total liabilities		462,920	479,734
Net assets:			
Controlling interests		369,686	360,673
Noncontrolling interests		1,193	1,098
Net assets without donor restrictions		370,879	361,771
Net Assets with donor restrictions		16,614	16,113
Total net assets		387,493	377,884
Total liabilities and net assets	$	850,413	857,618

See accompanying notes to consolidated financial statements.

SAMARITAN HEALTH SERVICES, INC.

Consolidated Statements of Operations and Changes in Net Assets Without Donor Restrictions

Years ended December 31, 2018 and 2017

(Dollars in thousands)

	2018	2017
Revenue:		
Net patient service revenue, prior to bad debt allowance	$	653,617
Provision for bad debts		(13,309)
Net patient service revenue	687,270	640,308
Premium revenue	426,136	401,639
Other operating revenue	54,892	59,569
Total revenue	1,168,298	1,101,516
Expenses:		
Salaries and wages	461,056	454,075
Employee benefits	69,183	69,042
Medical services	258,139	229,627
Supplies	160,779	147,438
Purchased services	94,942	92,288
Utilities, insurance, and other	79,790	65,087
Depreciation	31,852	31,816
Interest and amortization	8,369	8,583
Total expenses	1,164,110	1,097,956
Excess of revenue over expenses from operations	4,188	3,560
Other income, net:		
Investment income	4,080	5,627
Other income	402	5,567
Total other income, net	4,482	11,194
Excess of revenue over expenses	8,670	14,754
Change in net unrealized gains and losses on fixed income investments (2018) and on all investments (2017)	(3,223)	5,403
Net assets released from restrictions used for capital acquisition	624	891
Change in pension liability	4,107	5,827
Distributions to noncontrolling interest in consolidated joint ventures	(1,442)	(1,290)
Other	372	142
Change in net assets without donor restrictions	$ 9,108	25,727

See accompanying notes to consolidated financial statements.

SAMARITAN HEALTH SERVICES, INC.

Consolidated Statements of Changes in Net Assets

Years ended December 31, 2018 and 2017

(Dollars in thousands)

	Net assets without donor restrictions		Net assets	
	Controlling interest	**Noncontrolling interest**	**with donor restrictions**	**Total net assets**
December 31, 2016	$ 334,740	1,034	15,017	350,791
Excess of revenue over expenses	13,670	1,354	—	15,024
Change in net unrealized (gains) losses on investments	5,403	—	(553)	4,850
Net assets released from restrictions	891	—	(2,369)	(1,478)
Change in pension liability	5,827	—	—	5,827
Distributions to noncontrolling interest in consolidated joint ventures	—	(1,290)	—	(1,290)
Contributions	—	—	3,343	3,343
Other	142	—	675	817
Change in net assets	25,933	64	1,096	27,093
December 31, 2017	360,673	1,098	16,113	377,884
Excess of revenue over expenses	7,133	1,537	—	8,670
Change in net unrealized gains and losses on investments	(3,223)	—	661	(2,562)
Net assets released from restrictions	624	—	(2,287)	(1,663)
Change in pension liability	4,107	—	—	4,107
Distributions to noncontrolling interest in consolidated joint ventures	—	(1,442)	—	(1,442)
Contributions	—	—	1,900	1,900
Other	372	—	227	599
Change in net assets	9,013	95	501	9,609
December 31, 2018	$ 369,686	1,193	16,614	387,493

See accompanying notes to consolidated financial statements.

SAMARITAN HEALTH SERVICES, INC.

Consolidated Statements of Cash Flows

Years ended December 31, 2018 and 2017

(Dollars in thousands)

		2018	2017
Cash flows from operating activities:			
Change in net assets	$	9,609	27,093
Adjustments to reconcile change in net assets to net cash provided by operating activities:			
Depreciation and amortization		34,027	33,925
Net realized and unrealized gains on investments		5,397	(6,276)
Gain on disposal of assets		(187)	(1,761)
Equity income on joint ventures		352	1,757
Distributions to noncontrolling interest		1,442	1,290
Restricted contributions		(1,900)	(3,343)
Changes in operating assets and liabilities:			
Patient accounts receivable		(2,998)	171
Other receivables		(9,689)	(2,195)
Inventories		(223)	757
Other assets		(445)	6,531
Accounts payable		7,619	3,280
Accrued salaries, wages, and benefits		(10,592)	3,119
Estimated third-party payor settlements		(3,510)	2,561
Liability for unpaid medical claims		371	5,237
Professional liability		1,076	(10,776)
Pension liability		(4,159)	(4,973)
Other liabilities		(1,117)	(8,543)
Net cash provided by operating activities		25,073	47,854
Cash flows from investing activities:			
Purchase of property, plant, and equipment		(34,736)	(33,027)
Proceeds from sale of property, plant, and equipment		163	1,400
Investment in joint ventures, net		(816)	252
Purchase of investments		(201,300)	(140,221)
Proceeds from sale of investments		208,234	141,485
Net cash used in investing activities		(28,455)	(30,111)
Cash flows from financing activities:			
Principal payments on long-term debt		(9,545)	(8,910)
Cash received from contributions		1,900	3,343
Distributions to noncontrolling interest in consolidated joint ventures		(1,442)	(1,290)
Net cash used in financing activities		(9,087)	(6,857)
(Decrease) increase in cash and cash equivalents		(12,469)	10,886
Cash and cash equivalents, beginning of year		156,721	145,835
Cash and cash equivalents, end of year	$	144,252	156,721
Supplemental disclosure of cash flow information:			
Cash paid for interest, net of amount capitalized	$	8,788	10,737
Noncash transactions:			
Equipment acquired under capital lease arrangements	$	408	1,733
Change in accounts payable related to acquisition of property, plant, and equipment		2,454	(1,104)

See accompanying notes to consolidated financial statements.

(1) Organization and Basis of Consolidation

Samaritan Health Services, Inc. (SHS) is an Oregon nonprofit corporation formed for the purpose of providing a comprehensive system of healthcare and healthcare-related services to residents of the Willamette Valley, the Oregon coast, and other Oregon communities. The consolidated financial statements include SHS and its direct affiliates, the most significant of which are as follows:

- Good Samaritan Regional Medical Center (GSRMC)
- Mid-Valley Healthcare, Inc. (MVH)
- Samaritan Albany General Hospital (SAGH)
- Samaritan North Lincoln Hospital (SNLH)
- Samaritan Pacific Communities Hospital (SPCH)
- InterCommunity Health Plans (IHP)
- Paradigm Indemnity Corporation (PIC)
- Samaritan Health Plans, Inc. (SHP)
- Samaritan Enterprises, LLC
- Albany General Hospital Foundation
- Good Samaritan Hospital Foundation Corvallis
- North Lincoln Hospital Foundation
- Lebanon Community Hospital Foundation.

The Obligated Group, which was formed to facilitate borrowing by the health system, includes SHS, GSRMC, MVH, SAGH, and SNLH.

All material interaffiliate accounts and transactions have been eliminated upon consolidation.

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles 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 consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Key estimates include the valuation allowances for patient accounts, fair value of investments, liability for unpaid medical claims, professional liability, and pension liability. Actual results could differ significantly from those estimates.

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(b) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid investments with original maturities of three months or less. The balance of cash was $143,357 and $156,279 as of December 31, 2018 and 2017, respectively.

SHS maintains cash and cash equivalents on deposit at financial institutions, which often exceeds the limits insured by the Federal Deposit Insurance Corporation. This exposes SHS to potential risk of loss in the event the financial institution becomes insolvent.

(c) Inventories

Inventories, consisting principally of surgical, pharmacy, and biomedical supplies, and home medical equipment, are carried at the lower of cost or market value.

(d) Investments

Investments are measured at fair value in the consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, unrealized gains and losses on equity securities, interest, and dividends) is included in excess of revenue over expenses unless the income or loss is restricted by donor or by law. Unrealized gains and losses on debt securities are excluded from excess of revenue over expenses.

A decline in fair value of a debt security below cost that is deemed to be other than temporary is recorded as an impairment loss and is included in excess of revenue over expenses. A new cost basis is then established for the security. To determine whether impairment is other than temporary, SHS considers whether it has the ability and intent to hold the investment until a market price recovery and whether evidence indicating the cost of the investment is recoverable and outweighs evidence to the contrary. Evidence considered in this assessment includes the reasons for the impairment, the severity and duration of the impairment, and the general market conditions in the geographic area or industry in which the investee operates.

(e) Assets Limited as to Use

Assets limited as to use include assets restricted by donors for capital acquisition and permanent endowment funds, assets held by trustees under indenture agreements, statutory deposits for IHP and SHP, and other restricted investments.

(f) Property, Plant, and Equipment

Property, plant, and equipment acquisitions are recorded at cost. Donated property, plant, and equipment items are recorded on the basis of estimated fair value at the date of donation. Maintenance and repairs are expensed as incurred. When properties are retired or otherwise disposed of, the related cost and accumulated depreciation are removed from the respective accounts and any gain or loss on disposition is recorded as operating income or expense.

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Depreciation is computed using the straight-line method over estimated useful lives as follows: land improvements, 5 to 20 years; building and improvements, 5 to 70 years; and equipment, 3 to 20 years. In 2017, Samaritan Health Services performed an analysis of the life assigned to certain buildings and extended the life from 40 to 70 years. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation in the consolidated statements of operations and changes in net assets without donor restrictions.

Interest cost incurred on borrowed funds during the period of construction of significant capital assets is capitalized as a component of the cost of acquiring those assets. During 2018 and 2017, $1,814 and $1,928 interest cost was capitalized, respectively.

(g) Deferred Financing Costs

Financing costs associated with long-term debt have been deferred and are amortized over the life of the related debt using the effective-interest method and are included in debt in the consolidated balance sheets.

(h) Liability for Unpaid Medical Claims and Medical Services Expense

Medical services expense is recognized in the period in which services are provided. The liability for unpaid medical claims includes an estimate of the cost of services provided that have been incurred but not reported, which is based on actuarial projections of costs using historical paid claims data. Estimates are regularly monitored and reviewed and as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of paid claims is dependent on future developments, management is of the opinion that the liability for claims is adequate to cover such claims.

(i) Professional Liability

The accrual for estimated professional liability claims includes an estimate of the ultimate costs for both reported claims and claims that have been incurred but not reported, which is based on actuarial projections of costs using historical paid claims data. Estimates are regularly monitored and reviewed, and as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. While the ultimate amount of paid claims is dependent on future developments, management is of the opinion that the liability for claims is adequate to cover such claims.

(j) Impairment of Long-Lived Assets

Long-lived assets, such as property, plant, and equipment and purchased intangible assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable or the remaining lives should be adjusted. No impairment has been recognized in 2018 or 2017.

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(k) Net Assets With Donor Restrictions

Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose or maintained in perpetuity. Income on these restricted net assets is accounted for in accordance with donor instructions.

(l) Excess of Revenue over Expenses from Operations

Excess of revenue over expenses from operations excludes certain items that SHS deems to be outside the scope of its primary business. Investment income includes interest income, dividends, realized gains and losses on investments, and unrealized gains and losses on equity investments. Other income primarily includes net rental income and income from joint ventures.

(m) Excess of Revenue over Expenses

The performance indicator for SHS is the excess of revenue over expenses. Changes in net assets without donor restrictions, which are excluded from excess of revenue over expenses, consistent with industry practice and generally accepted accounting principles, include unrealized gains and losses on debt investments, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions, which, by donor restriction, were to be used for the purposes of acquiring such assets), change in pension liability, and distributions to noncontrolling interest in consolidated joint ventures.

(n) Net Patient Service Revenue and Charity Care

SHS has agreements with third-party payors that provide for payments at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Patient service revenue is reported net of contractual allowances and discounts at the estimated net realizable amounts from patients, third-party payors, and others for services rendered.

Contractual adjustments arising under reimbursement arrangements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

SHS provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. SHS provides care to other uninsured or underinsured patients who do not meet the criteria of the charity care policy, which results in payments that are less than established rates. These adjustments represent implicit price concessions in 2018 and bad debt allowances or contractual allowances in 2017.

(o) Premium Revenue

Premium revenue from IHP and SHP consists of premiums paid by individuals and agencies of the federal and state governments for healthcare services as well as commercial businesses on behalf of their employees. Premium revenue is recognized during the month for which the premium is associated.

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IHP administers healthcare benefits to certain members of the Oregon Health Plan, placing emphasis on preventative medicine and health education programs for the benefit of the members. During 2012, IHP was selected to provide the infrastructure and delivery system for a community coordinated care organization (CCO). In August 2012, this CCO took over for the previous Medicaid plan managed by IHP.

SHP Medicare premiums include revenue based on predetermined prepaid rates under Medicare contracts and large and small group commercial contracts and are subject to audit and possible retroactive adjustments, which represent variable consideration under the contract. Provision has been made for estimated retroactive adjustments. In 2018 and 2017, SHP premium revenue included $1,550 and $4,305, respectively, relating to favorable settlements of prior years' reimbursement from Medicare.

(p) Income Taxes

SHS and its affiliates are exempt from taxation under the provisions of the Internal Revenue Code and are generally not subject to federal or state income taxes, except for SHP, which is a taxable Oregon nonprofit corporation, and Samaritan Enterprises, LLC, which is a taxable corporation. Income tax (benefits) expense of ($1,784) and $3,262 in 2018 and 2017, respectively, has been recorded in utilities, insurance, and other in the consolidated statements of operations and changes in net assets without donor restriction.

In addition, SHS 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 the net income, if any, from any unrelated trade or business and, in the opinion of management, is not material to the consolidated financial statements taken as a whole.

U.S. generally accepted accounting principles require SHS' management to evaluate tax positions and recognize a tax liability (or an asset) if SHS has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). Management has analyzed tax positions taken by SHS and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an asset) or disclosure in the consolidated financial statements. SHS is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. SHS' management believes it is no longer subject to income tax examinations for years prior to 2015.

(q) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to SHS and its affiliates are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as contributions with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restriction and reported in the consolidated statements of operations and changes in net assets without

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donor restriction as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions.

(r) New Accounting Standards

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), which requires an entity to recognize the amount of revenue to which it expects to be entitled from the transfer of promised goods or services to customers. This ASU replaces most existing revenue recognition guidance in U.S. generally accepted accounting principles when it becomes effective. The new standard also requires additional disclosures regarding the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts. SHS implemented this ASU using the modified retrospective method of application to all contracts existing on January 1, 2018. In 2018, SHS would have presented $5,398 in provision for bad debt in their statement of operations had they not adopted this standard. Management has included new disclosures in accordance with Topic 606 in footnote 2 section (n) and footnote 3. The adoption of Topic 606 does not have a significant impact on SHS' results of operations.

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments*, which requires entities to measure equity investments that do not result in consolidation and are not accounted for under the equity method at fair value and recognize any changes in fair value in excess of revenues over expenses unless the investments qualify for the new practicability exception. SHS adopted the new standard as of January 1, 2018. SHS recognized ($3,584) of unrealized losses related to equity investments in 2018 related to this standard.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 requires that lease arrangements longer than 12 months result in an entity recognizing an asset and liability. The new guidance is effective for interim and annual periods beginning after December 15, 2018. Leases to be recognized are summarized in note 14 to the financial statements.

In August 2016, the FASB issued ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. This ASU simplifies the classification of net assets and improves the disclosure of information a not-for-profit entity presents about its liquidity, financial performance, and cash flows. The provisions of this ASU are effective for fiscal years beginning after December 15, 2017. This ASU requires a retrospective application of its provisions upon adoption. SHS adopted the new standard as of January 1, 2018 as noted on the consolidated financial statements and footnotes 16 and 17.

In March 2017, the FASB issued ASU No. 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*, to provide income statement classification guidance for components of the net benefit cost. The ASU requires entities to disaggregate the current service cost component from the other components of net benefit cost (the other components) and present it with other current compensation costs for related employees in the consolidated statement of operations. Furthermore, entities should present the other components elsewhere in the consolidated statement of operations and outside of operating income if such a subtotal is presented. This standard is effective for SHS' fiscal year ending December 31, 2019. Management is in the process of evaluating the impact the adoption of this new ASU on SHS' consolidated financial statements.

(3) Net Patient Service Revenue

SHS has agreements with third-party payors that provide for payments 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 and outpatient services rendered to Medicare program beneficiaries at GSRMC and SAGH are paid based on prospectively determined rates. These rates vary according to a patient classification system that is based on the resources used to treat Medicare patients in those classifications. Disproportionate share hospital and graduate medical education adjustments are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary.

Three of SHS' facilities (MVH, SPCH, and SNLH) are critical access hospitals (CAHs). CAHs are exempt from both inpatient and outpatient prospective payment systems. Inpatient and outpatient services rendered to Medicare program beneficiaries at CAHs are reimbursed based on costs. CAHs are reimbursed based on tentative rates, with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Under Medicare, CAH cost reimbursement is not subject to the lower of costs or charges.

(b) Medicaid

Services rendered to Medicaid program beneficiaries at GSRMC and SAGH are paid at prospectively determined rates. The hospitals are reimbursed at a tentative rate for inpatient outlier cases, with final settlement determined after submission of annual cost reports and audits thereof by the state's Medicaid agency.

Inpatient and outpatient services rendered to Medicaid program beneficiaries at CAHs are reimbursed based on costs. CAHs are reimbursed based on tentative rates with final settlement determined after submission of annual cost reports and audits thereof by the state's Medicaid agency. Under Medicaid, CAH cost reimbursement is subject to the lower of costs or charges.

Revenue from the Medicare and Medicaid programs accounted for approximately 48% and 17%, respectively, of SHS' net patient service revenue in 2018, and 48% and 18%, respectively, of SHS' net patient service revenue in 2017. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Management records estimates in the amount of related revenues that are probable of not subsequently being reversed. In 2018 and 2017, net patient service revenue includes $8,493 and $9,312, respectively, relating to favorable settlements of prior years' reimbursement from the Medicare and Medicaid programs.

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

(Dollars in thousands)

Accounts receivable are reduced for explicit and implicit price concessions. In evaluating the contract price of accounts receivable, SHS analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate contract price. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the reductions to the contract price. In 2017, accounts receivable was represented by payor type as 32% Medicare, 14% Medicaid, 1% self-pay, and 53% other third party payors, including commercial.

For receivables associated with self-pay patients (which include patients without insurance), SHS records an implicit price concession in 2018, or bad debt allowances in 2017, in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible.

For third-party receivables associated with services provided to patients who have third-party coverage, SHS analyzes contractually due amounts after explicit price concessions and provides an implicit price concession which primarily relates to self-pay patient balances that will remain after payments from the third-party payor have been collected.

Management evaluates revenue by nature in the following categories:

		2018
Revenue by payor:		
Medicare		291,079
Medicaid		60,755
Self-Pay		1,494
Other third-party payors, primarily commercial		333,942
		687,270

		2018
Revenue by major line of business:		
Inpatient revenue, net	$	216,817
Outpatient revenue, net		470,453
Premium revenue		426,136
Retail pharmacy revenue		32,228
Other operating revenue		22,664
	$	1,168,298

SHS has contracted to sell certain patient accounts receivable accounts to a third party. The contracts include a right for the third party to recourse the receivables to SHS in the event of patient default. SHS has estimated a reserve for such recourse of $4,151 and $3,961, respectively, at December 31, 2018 and 2017 as part of patient accounts receivable, net in the consolidated balance sheets.

(4) Samaritan North Lincoln Affiliation Agreement

On January 1, 2001, SHS entered into a long-term lease of a hospital facility and certain equipment with North Lincoln Health District (NLH-District) whereby SHS operates the hospital as SNLH. SHS has agreed to lease SNLH from NLH-District for a period of 30 years, with a termination date of December 31, 2030. Both parties have the right to terminate the lease without cause with five years' written notice at any time after December 31, 2005. Both parties have the right to terminate the lease for cause with one year's written notice.

In February of 2016, NLH-District conditionally transferred real property, equipment, and assets including control of the NLH-District Foundation to SHS under a Memorandum of Understanding signed in September of 2015. This conditional transfer is subject to commencement of construction of a new CAH to replace the existing North Lincoln Hospital. In addition, the existing lease terminated as part of the agreement and a portion of the tax revenue from the NLH-District will continue to be paid to SHS. In 2017, SHS recognized $7,076 and $6,539 as operating and nonoperating income, respectively, upon commencement of construction of the new facility.

Additionally, SNLH has recorded $1,126 and $1,080 as other operating revenue related to these property tax operating levy amounts provided by NLH-District during 2018 and 2017, respectively. SNLH has recorded $1,189 and $1,181 related to this operating tax levy in other receivables in the consolidated balance sheets as of December 31, 2018 and 2017, respectively.

(5) Samaritan Pacific Communities Affiliation Agreement

On January 1, 2002, SHS entered into a long-term management agreement with Pacific Communities Health District (PCH-District) whereby SHS operates the hospital as Samaritan Pacific Health Services dba Samaritan Pacific Communities Hospital. SHS has agreed to operate SPCH for a period of 30 years, with a termination date of December 31, 2031. Both parties have the right to terminate the agreement without cause with five years' written notice at any time after December 31, 2006. Both parties have the right to terminate the lease for cause with one year's written notice.

Effective January 1, 2002, PCH-District made a net working capital transfer to SHS of certain current assets and current liabilities related to the operation of SPCH. Upon termination of the agreement, SHS is required to remit the balance of the adjusted net working capital account back to PCH-District and sell to PCH-District all fixed assets acquired after commencement of the agreement at half of net book value. Neither party has elected to terminate the contract as of December 31, 2018. The net working capital transfer balance of $4,750 and $4,769 is included in other liabilities in the consolidated balance sheets as of December 31, 2018 and 2017, respectively.

As provided by the agreement, PCH-District is required to make payments to SHS for 70% of PCH-District's maximum annual authorized property tax operating levy. SPCH has recorded $941 and $852 as other operating revenue related to the property tax operating levy amount provided by PCH District during 2018 and 2017, respectively. Receivables of $268 and $189 related to this operating tax levy are included in other receivables in the consolidated balance sheets as of December 31, 2018 and 2017, respectively.

(Dollars in thousands)

(6) Charity Care and Other Community Benefit Services

As part of its charitable mission to enhance and improve health in the community, SHS provides healthcare services to people in need, including charity care for those patients needing financial assistance and services to patients covered by Medicare, Medicaid, and other public programs where the costs of care exceed reimbursement from these programs. In addition, SHS sponsors other activities that benefit the community.

The following represents the estimated cost of providing these services and activities, along with descriptions of selected activities during 2018 and 2017:

	2018		
	Community benefit costs	Offsetting revenue	Net community benefit costs
Charity care and public programs:			
Charity care	$ 14,318	—	14,318
Medicaid	181,835	143,020	38,815
Medicare	374,743	298,695	76,048
Other public programs	11,986	7,540	4,446
	$ 582,882	449,255	133,627

	2017		
	Community benefit costs	Offsetting revenue	Net community benefit costs
Charity care and public programs:			
Charity care	$ 12,079	—	12,079
Medicaid	185,422	142,389	43,033
Medicare	350,717	276,373	74,344
Other public programs	12,300	8,898	3,402
	$ 560,518	427,660	132,858

(a) Charity Care and Public Programs

Consistent with its charitable mission, SHS provides medically necessary patient care services that are discounted or free of charge to uninsured or underinsured persons who qualify for assistance due to insufficient resources. The criteria for charity care assistance is determined based on eligibility for insurance coverage, household income, catastrophic medical events, eligibility for other means-tested government programs, and/or other information supporting a patient's inability to pay for services provided. In addition to a 10% discount for all uninsured patients, SHS makes full subsidies available for uninsured and underinsured patients whose household income is at or below 225% of the federal poverty level (FPL); uninsured patients above 225% of the FPL but below 300% are eligible for a discount of 50%.

In addition to charity care, SHS provides services under various public programs for financially needy patients. The cost of providing services to Medicaid beneficiaries, including patients covered by Oregon's and other states' Medicaid programs, generally exceeds the reimbursement from these programs. SHS serves a significant population of Medicare beneficiaries, including those covered under traditional Medicare as well as Medicare managed care programs. The cost of treating these Medicare patients at certain of SHS' hospitals exceeds government payments received. Other public programs include Tricare, Veteran's Administration, and other government-sponsored programs. The cost of healthcare services for patients covered under these programs generally exceeds reimbursement.

The estimated cost of services provided under these programs is determined based on the relationship of total operating costs to gross charges, called the cost-to-charge ratio. Total operating costs for purposes of this ratio exclude costs associated with community benefit activities, such as community health services, medical education, and cash or in-kind contributions to other charitable organizations, as described below. Total cost is then offset with any related reimbursements to arrive at net community benefit cost.

(b) Other Benefits to the Community

Community health improvement services include community health education and clinics, such as classes and workshops on health topics for little or no charge, health screenings, support groups, resource centers, and medical libraries.

Health professions education includes programs to train medical students, nurses, and other health professionals, including students in imaging, pharmacy, physical rehabilitation, laboratory, and other areas.

Subsidized health services are clinical programs provided despite a financial loss because the service is needed in the community. Examples include emergency and trauma care, hospice and home healthcare, women's and children's services, behavioral health services, and outpatient clinic services.

Cash and in-kind contributions to charitable organizations include grants to community organizations that are selected by SHS through an application process through each hospital's social accountability committee. Applications from community organizations are evaluated based on meeting identified community health needs. Organizations that receive funding are required to report on their use of the funds. Cash contributions also include funds donated to community organizations that provide health-related services in the hospital service areas. In-kind contributions include providing free medications to individuals in need who are identified through community outreach programs and regular free health clinics.

Other community benefit activities include research, community building activities, and community benefit operations. Research includes health-related studies or trials whose results benefit the public. Community building activities include community support, coalition building, and workforce development activities. Community benefit operations include SHS staff whose function is to coordinate and lead efforts to promote and track the organization's community benefit activities.

(7) Investments

Assets limited as to use that are held by trustee include funds received from bond issuances. This includes amounts held for future interest and principal payments of $2,782 and $2,278, a debt reserve fund of $8,943 and $8,687 and 2016 and 2014 bond funds of $43,111 and $52,747 at December 31, 2018 and 2017, respectively.

IHP, as required by the Oregon Health Plan, has deposits with the State of Oregon of $8,673 and $7,469 as of December 31, 2018 and 2017, respectively. SHP is required to keep investments on deposit in the states where it is licensed and has deposits of $275 as of December 31, 2018 and 2017. Additionally, restricted reserves include miscellaneous SHS deposits of $75 in 2018 and 2017, respectively.

There were no significant gross unrealized losses at December 31, 2018 or 2017.

(8) Fair Value of Financial Instruments

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that SHS has the ability to access.

Level 2 – Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Cash and cash equivalents: Valued at fair value based on face value or cost plus accrued interest, which approximates fair value because of the short maturity of these investments

Certificates of deposit: Valued at redemption value

Mutual funds: Valued at the net asset value (NAV) of shares held at year-end, based on published market quotations on active markets

Private international equity fund: Valued at NAV of shares held at year-end, based on published transaction prices by the issuer

Fixed income: Valued at fair value based on quoted market prices in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while SHS believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in the hierarchy classification below from 2017 to 2018.

(Continued)

(Dollars in thousands)

The following table presents the balances of financial assets and liabilities measured or disclosed at fair value on a recurring basis at December 31, 2018:

	Fair value	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 14,890	14,890	—	—
Certificates of deposit	728	—	728	—
Mutual funds:				
Domestic equities	21,541	21,541	—	—
International equities	14,709	14,709	—	—
Domestic debt securities	24,589	24,589	—	—
International debt securities	1,218	1,218	—	—
Fixed income:				
U.S. government obligations	53,730	53,730	—	—
Domestic corporate obligations	82,471	—	82,471	—
Municipals	4,789	—	4,789	—
Total assets	$ 218,665	130,677	87,988	—

The following table presents the balances of financial assets and liabilities measured or disclosed at fair value on a recurring basis at December 31, 2017:

	Fair value	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 17,244	17,244	—	—
Certificates of deposit	2,085	—	2,085	—
Mutual funds:				
Domestic equities	28,613	28,613	—	—
International equities	14,641	14,641	—	—
Domestic debt securities	23,318	23,318	—	—
International debt securities	1,415	1,415	—	—
Fixed income:				
U.S. government obligations	62,191	62,191	—	—
Domestic corporate obligations	73,573	—	73,573	—
Municipals	7,549	—	7,549	—
Total assets	$ 230,629	147,422	83,207	—

(Continued)

(Dollars in thousands)

(9) Property, Plant, and Equipment

Property, plant, and equipment comprise the following at December 31:

		2018	2017
Land and land improvements	$	47,526	47,284
Buildings and leasehold improvements		384,104	373,685
Furniture and equipment		219,272	233,245
Construction in progress		23,707	8,635
		674,609	662,849
Less:			
Accumulated depreciation		340,876	332,892
	$	333,733	329,957

There were capital expenditure purchase commitments outstanding as of December 31, 2018 for various construction and equipment projects. The estimated cost to complete such projects at December 31, 2018 was $48,647, of which $8,819 was contractually committed.

(10) Line of Credit

SHS may borrow up to $16,000 under its line of credit agreement. Additionally, in 2017, SHS had a letter of credit of $4,000, which was required by the City of Corvallis and is supported by the line of credit. The letter of credit for the City of Corvallis was no longer required in 2018. No amounts were drawn during 2018 and 2017.

(11) Long-Term Debt

Long-term debt comprises the following at December 31:

		2018	2017
Oregon Facilities Authority Revenue Bonds, Series 2016, 5.00%, principal maturing in varying annual amounts, due October 2046, secured by an interest in gross revenue	$	88,243	88,892
Oregon Facilities Authority Revenue Bonds, Series 2014, 2.81%, principal maturing in varying annual amounts, due December 2039, secured by an interest in gross revenue		16,781	17,359

(Dollars in thousands)

	2018	2017
Oregon Facilities Authority Revenue Refunding Bonds, Series 2010, 4.00% to 5.25%, principal maturing in varying annual amounts, due October 2040, secured by an interest in gross revenue	$ 90,754	93,200
Oregon Facilities Authority, SNAP Revenue Bond, Series A, 3.80% resetting every seven years, principal maturing in varying monthly amounts, due September 2034, unsecured	10,052	10,611
Loan payable, 4.31%, interest payable monthly, due March 2032, secured by real estate	2,263	2,386
Loan payable, 5.97%, payable in monthly installments of $42, due September 2020, secured by real estate	842	1,284
Loan payable, 5.01%, payable in monthly installments of $12, due with balloon payment of $1,514 in 2023, secured by real estate	1,792	1,843
Obligations under capital leases and other, secured by related equipment	28,382	32,526
Other debt	1,072	1,136
Deferred financing fees	(2,085)	(2,185)
	238,096	247,052
Less current portion	9,332	9,217
	$ 228,764	237,835

The Obligated Group is required to satisfy certain measures of financial performance as long as the bonds are outstanding under the Master Trust Indenture. At December 31, 2018 and 2017, management believes that the Obligated Group was in compliance with the terms of its debt agreements.

The Oregon Facilities Authority Revenue Bonds, Series 2016 (2016 Bonds) were issued in November 2016 in the amount of $78,265 and generated a premium of $11,268. Interest payments on the 2016 Bonds are made monthly to an account held by the trustee. Interest is paid semiannually, and principal is paid annually beginning October 2017 and carries an interest rate of 5.00%. The 2016 Bonds maturing in the years 2030, 2035, and 2040 are subject to mandatory redemption and sinking fund requirements beginning October 1, 2026. The proceeds from the 2016 Bonds were used to refund the remainder of the Hospital Facilities Authority of Benton County, Oregon Revenue and Refunding Bonds, Series 1998 (1998 Bonds) and the callable portion of The Oregon Facilities Authority Revenue Refunding Bonds, Series 2010 (2010 Bonds), finance certain capital construction projects, including a replacement CAH in Lincoln City, remodel the MVH emergency room and operating room, private room conversions at GSRMC and AGH, Sexual Assault Nurse Examiners Center, and to pay expenses incurred with the issuance.

The Oregon Facilities Authority Revenue Bonds, Series 2014 (2014 Bonds) were issued in December 2014 in the amount of $19,000. Interest and principal payments on the 2014 Bonds are made monthly to the lender. Interest and principal is paid monthly beginning January 2015 and carries an average interest rate of 2.81%. The 2014 Bonds are paid monthly and mature in 2021. The proceeds from the 2014 Bonds were used to finance certain capital construction projects, primarily an expansion on the cancer center and a medical office building, and to pay expenses incurred with the issuance.

The 2010 Bonds were issued in March 2010 in the amount of $122,055. Interest payments on the 2010 Bonds are made monthly to an account held by the trustee. Interest is paid semiannually and principal is paid annually beginning October 2014 and carry interest rates ranging from 4.00% to 5.25%. The 2010 Bonds maturing in the years 2030, 2035, and 2040 are subject to mandatory redemption and sinking fund requirements beginning October 1, 2026. The proceeds from the 2010 Bonds were used to refund a portion of the 1998 Bonds; refinance other long-term and short-term debt obligations; finance certain capital construction projects, primarily an ambulatory surgery building on the GSRMC campus; and to pay expenses incurred with the issuance.

The Oregon Facilities Authority SNAP Revenue Bond, Series A bonds (Samaritan Health Services Project) (2009 Bonds) were issued in September 2009 in the amount of $15,800. Payments on the 2009 Bonds are made monthly and carry an initial interest rate of 4.355%. In 2017, SHS and the lender agreed to an interest rate of 3.8% per annum for seven years and to adjust the reset period going forward to seven years. The proceeds from the 2009 Bonds were restricted for capital expenditures, primarily the construction of a facility that is owned by SHS and leased to Western University Health Sciences, and to pay expenses incurred with the issuance.

Included in capital leases is $25,183 and $29,546 at December 31, 2018 and 2017, respectively, related to a capital lease with Key Government Finance, Inc. for information systems to transform healthcare. The debt is a maximum $45,045 master lease facility with 51.7% secured under the Master Trust Indenture and 48.3% secured as purchase-money security interest. Each draw is individually payable over a 10-year period. The interest rate on each draw is 3.24% plus the change in the KeyCorp Cost of Funds Index for 72 months (ranging from 3.35% to 4.97% on the draws outstanding at December 31, 2018).

(Continued)

(Dollars in thousands)

Scheduled principal repayments on long-term debt and payments on capital lease obligations are as follows:

		Long-term debt	Capital lease obligations
2019	$	4,723	5,660
2020		5,034	5,830
2021		5,154	5,808
2022		5,356	5,687
2023		8,089	3,942
Thereafter		182,309	5,729
	$	210,665	32,656
Less amount representing interest under capital lease obligations			(4,274)
			$ 28,382

(12) Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

		2018	2017
Operating programs support	$	6,382	6,659
Capital acquisition		2,877	2,147
Donor designated endowment		6,216	5,986
Other		1,139	1,321
Total donor restricted net assets	$	16,614	16,113

The foundations' endowments consist of 17 individual funds established for a variety of purposes. The endowments include both donor-restricted endowment funds and unrestricted funds designated by the boards of trustees of each of the foundations to function as endowments. Net assets associated with endowment funds, including funds designated by the boards of trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The foundations have adopted investment and spending policies for endowment assets to ensure appropriations for distributions are consistent with the foundations' objective of maintaining the corpus. These funds included $6,216 and $5,986 of net assets with donor restrictions as of December 31, 2018 and 2017, respectively.

The foundations also have board designated endowments of $6,603 and $7,027 at December 31, 2018 and 2017, respectively. These funds are managed based on policies adopted by the boards to benefit the mission of SHS. They are classified as net assets without donor restrictions.

(13) Retirement Plans

(a) Retirement Plan

Employees aged 18 or older and having completed one year of service (12 months with at least 1,000 hours) are eligible to participate in the Samaritan Health Services Retirement Plan (SHS Retirement Plan), a defined-contribution pension plan. Employer contributions are 4% of gross earnings, with an additional 4% of earnings in excess of the FICA wage base.

Employer contributions under this plan were $17,049 and $15,940 in 2018 and 2017, respectively, and are included in employee benefits in the consolidated statements of operations and changes in net assets without donor restrictions.

(b) Tax Sheltered Annuity Plan

Employees aged 18 or older and having completed one year of service (12 months with at least 1,000 hours) are eligible to participate in the Samaritan Health Services Tax Sheltered Annuity Plan (SHS TSA Plan). The level of contribution depends on the level of employee contributions to individual tax-sheltered annuity accounts and the employer matches up to 2% of the employees' gross earnings.

Employer contributions under this plan were $7,178 and $6,842 in 2018 and 2017, respectively, and are included in employee benefits in the consolidated statements of operations and changes in net assets without donor restrictions.

(c) Defined-Benefit Plan

GSRMC has a noncontributory defined-benefit pension plan (the Plan). The retirement benefits of all participants in the Plan were frozen effective December 31, 2011 (Freeze Date). No benefit service after the Freeze Date will be taken into account in determining a participant's retirement benefits. After the Freeze Date, future retirement benefits are provided by the SHS Retirement Plan and the SHS TSA Plan. GSRMC's policy has been to contribute for each plan year an amount between the minimum and maximum contribution allowed under IRS regulations.

SHS recognizes the funded status of the defined-benefit pension as a net asset or liability on its consolidated balance sheets. Actuarial gains and losses are generally amortized subject to the corridor, over the average remaining service life of the employees.

(Dollars in thousands)

The following tables set forth the Plan's funded status at December 31, 2018 and 2017:

		2018	2017
Change in projected benefit obligation:			
Projected benefit obligation at beginning of year	$	128,886	121,066
Interest cost		4,272	4,576
Actuarial (gain) loss		(9,860)	7,527
Benefits paid		(4,604)	(4,283)
Projected benefit obligation at end of year		118,694	128,886
Change in fair value of plan assets:			
Fair value of plan assets at beginning of year		99,780	86,987
Actual return on plan assets		(4,398)	14,105
Employer contributions		3,000	3,000
Administrative expenses		(31)	(29)
Benefits paid		(4,604)	(4,283)
Fair value of plan assets at end of year		93,747	99,780
Funded status	$	(24,947)	(29,106)

		2018	2017
Amounts recognized in the consolidated balance sheets consist of:			
Recognized accrued pension liability	$	(1,675)	1,126
Actuarial loss not yet recognized as a component of net periodic benefit cost		26,622	27,980
Total pension liability		24,947	29,106
Net amount recognized	$	24,947	29,106
Amounts recognized as changes in net assets consist of:			
Amortization of net loss	$	(2,947)	(3,854)
Actuarial loss		(1,159)	(1,973)
Net amount recognized	$	(4,106)	(5,827)
Accumulated benefit obligation at end of year	$	118,694	128,886

(Dollars in thousands)

The following table sets forth the components of net periodic benefit cost in 2018 and 2017, which is included in employee benefits in the consolidated statements of operations and changes in unrestricted net assets:

		2018	2017
Interest cost	$	4,272	4,576
Expected return on plan assets		(7,021)	(6,121)
Amortization of actuarial loss		2,947	3,854
Net periodic benefit cost	$	198	2,309

The estimated net actuarial loss that will be amortized from net assets into net periodic pension cost during 2018 is $2,947.

Assumptions used to determine benefit obligations at December 31 were as follows:

	2018	2017
Benefit obligation:		
Discount rate	4.00%	3.39%
Net periodic benefit cost:		
Discount rate	3.39	3.86
Expected long-term rate of return on plan assets	7.10	7.10

The expected long-term rate of return on plan assets is the expected weighted average rate of return on the funds invested currently and on funds to be invested in the future in order to provide for the benefits included in the projected benefit obligation. The assumptions are based on capital market assumptions and the Plan’s target asset allocation. SHS monitors the expected long-term rate of return to determine if changes in those parameters cause the estimate to be outside of a reasonable range of expected returns, or if actual Plan returns over an extended period of time suggest that general market assumptions are not representative of expected Plan results.

(Dollars in thousands)

The Plan's asset allocation at December 31 was as follows:

	2018		2017	
	Actual	**Target**	**Actual**	**Target**
Cash	— %	— %	7 %	— %
Fixed equities	37	42	44	40
Domestic debt securities	55	50	29	55
Private international equities	—	—	15	—
Real estate properties	8	7	5	5
Total	100 %	99 %	100 %	100 %

Pension plan assets are managed according to an investment policy adopted by the Samaritan Health Services, Inc. Retirement Plan Trustees. The board of directors establishes overall investment objectives and delegates the authority for executing the policy to the Retirement Plan Trustees. Professional investment managers are retained to manage specific asset classes and professional consulting is utilized for investment performance reporting. The primary objective is to achieve the highest possible total return commensurate with safety and preservation of capital in real, inflation-adjusted terms. The objective includes having funds invested for the long term, which protects the principal and produces returns sufficient to meet future benefit obligations. The investment policy provides for an asset allocation that includes equities, fixed income instruments, and real estate.

In accordance with FASB ASC Topic 820, financial assets and financial liabilities measured at fair value are grouped in three levels based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to estimate fair value. These levels and associated valuation methodologies are described in note 8. There were no changes in the hierarchy classification below from 2017 to 2018. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018:

	Fair value	**Level 1**	**Level 2**	**Level 3**
Cash and cash equivalents	$ 435	435	—	—
Mutual funds:				
Domestic equities	21,376	21,376	—	—
International equities	13,398	13,398	—	—
Domestic debt securities	51,202	51,202	—	—
	$ 86,411	86,411	—	—

(Dollars in thousands)

	Fair value	Level 1	Level 2	Level 3
Investments measured NAV per share or its equivalent	$ 7,336			
	$ 93,747			

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017:

	Fair value	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 7,212	7,212	—	—
Mutual funds:				
Domestic equities	29,977	29,977	—	—
International equities	13,674	13,674	—	—
Domestic debt securities	29,038	29,038	—	—
Private international equity fund	14,651	14,651	—	—
	94,552	94,552	—	—
Investments measured NAV per share or its equivalent	5,228			
	$ 99,780			

The following table provides information regarding redemption of investments where the NAV has been used as a practical expedient at December 31, 2018 and 2017:

	Fair value at December 31, 2018	Fair value at December 31, 2017	Redemption frequency	Redemption period
Real estate investment fund	$ 7,336	5,228	Quarterly	90 days

(Dollars in thousands)

The ING Clarion Lion Properties Fund is a real estate fund that has a fair value of $7,336 and $5,228 as of December 31, 2018 and 2017, respectively, estimated by using NAV as a practical expedient, and consists of assorted real estate investments around the United States. These underlying properties are valued using a combination of the income, cost, and sales approaches using projected income streams, discount rates, replacement costs, and recent transactions for similar properties depending on the valuation approach utilized. Other factors considered include the operating cash flows and financial performance of the properties, property types and geographic locations, the physical condition of properties, prevailing market capitalization and discount rates, and general and specific economic conditions. The valuation of investments includes reliance on significant unobservable inputs.

SHS expects to contribute $3,000 to the Plan in 2019.

Benefit payments are expected to be paid as follows:

2019	$	6,214
2020		6,652
2021		7,056
2022		7,229
2023		7,505
2024–2028		38,351
	$	73,007

(14) Commitments and Contingencies

(a) Professional Liability and Other Claims

SHS is self-insured for professional and general liability coverage through PIC, a captive insurance company wholly owned by SHS. Insurance coverage in excess of self-insured levels is carried through outside excess commercial reinsurers on a claims-made basis.

There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients. SHS has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. The amount recorded as a liability for estimated losses from professional liability incidents, claims, and other was $22,006 and $20,930 as of December 31, 2018 and 2017, respectively, and, in management’s opinion, provides an adequate reserve for loss contingencies.

(b) Operating Lease Commitments

SHS leases various equipment and facilities under operating leases expiring at various dates through December 2049. Total rental expense in 2018 and 2017 for all operating leases was $6,197 and $5,775, respectively.

(Continued)

(Dollars in thousands)

Future minimum lease payments under noncancelable operating leases with terms in excess of one year are as follows for the year ending December 31:

2019	$	4,192
2020		3,708
2021		2,558
2022		1,836
2023		1,116
Thereafter		1,681
	$	15,091

(c) Collective Bargaining Agreements

Approximately 33% of SHS employees are covered under collective bargaining agreements, including nurses, professional employees, and service employees, with 14% of SHS employees under contracts expiring in 2019. SHS is currently engaged in contract negotiations on the contracts that are soon to expire.

(d) Litigation

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

The healthcare industry is governed by various laws and regulations of federal, state, and local governments. These laws and regulations are subject to ongoing government review and interpretation and include matters, such as licensure, accreditation, reimbursement for patient services, and referrals for Medicare and Medicaid beneficiaries. Compliance with these laws and regulations is required for participation in government healthcare programs. Certain governmental agencies routinely investigate and pursue allegations concerning possible overpayments resulting from violation of fraud and abuse statutes by healthcare providers. These investigations may result in settlements involving fines and penalties as well as repayment of improper reimbursement. SHS has implemented procedures for monitoring and enforcing compliance with laws and regulations and is not aware of instances of noncompliance.

(Dollars in thousands)

(15) Related-Party Disclosures

SHS has invested in certain joint ventures. The following joint ventures are consolidated into the financial statements of SHS and in the aggregate have total assets of $3,121 and $2,845 as of December 31, 2018 and 2017, respectively, and earnings of $3,679 and $3,184 in 2018 and 2017, respectively.

	Ownership
Corvallis Medical Office Building, LLC	54.5 %
Corvallis MRI Joint Venture	50.0
East Linn MRI, LLC	60.0
Hull Imaging, LLC	60.0
Samaritan Endoscopy Center, LLC	66.7

The following joint ventures are accounted for on the equity method and have in the aggregate contributed losses of $483 and $1,629 in 2018 and 2017, respectively, which are included in other income (loss) in the consolidated statements of operations and changes in unrestricted net assets.

	Ownership		Rent paid by SHS 2018
Lodges at Lebanon, LLC	$ 1,068	19.9 %	$ n/a
Mid Valley Buildings, LLC	251	20.0	423
Northwest Medical Isotopes, LLC	2,394	42.6	n/a
Cascade View Medical Office Building, LLC	384	26.3	484
Mid-Valley Medical Property Associates, LLC	508	36.8	186
Larken Enterprises	18	20.0	n/a
Synergy Surgicalists, Inc.	164	4.4	n/a
Health Plan Alliance	145	3.8	n/a
Aikens Dialysis	115	10.0	n/a
Beaver Sports Medicine	160	20.0	n/a

(Dollars in thousands)

			Ownership		Rent paid by SHS 2017
Lodges at Lebanon, LLC	$	1,104	19.9 %	$	n/a
Mid Valley Buildings, LLC		232	20.0		414
Northwest Medical Isotopes, LLC		2,724	42.6		n/a
Cascade View Medical Office Building, LLC		349	26.3		478
Mid-Valley Medical Property Associates, LLC		529	36.8		183
Larken Enterprises		18	20.0		n/a
Synergy Surgicalists, Inc.		64	4.4		n/a
Health Plan Alliance		91	3.8		n/a

(16) Functional Expenses

SHS provides healthcare services to residents within its geographic locations. Functional expenses are based on the department they are associated with. Administrative departments are assigned to the management and general category, foundation and auxiliary departments are assigned to the fundraising category, and departments associated with the exempt purposes of the affiliated organizations of Samaritan Health Services are assigned to the program service category. Employee benefits are allocated based on wages. Depreciation, amortization, and interest expense are allocated based on square footage. Expenses related to providing these services are as follows:

		2018			
		Fundraising	Management	Program service	Total
Salaries and Wages	$	1,064	15,886	444,106	461,056
Employee benefits		160	2,384	66,639	69,183
Medical services		—	—	258,139	258,139
Supplies		434	2,440	157,905	160,779
Purchased services		3,156	6,354	85,432	94,942
Utilities, insurance, and other		60	12,138	67,592	79,790
Depreciation		10	1,601	30,241	31,852
Interest and amortization		—	1,511	6,858	8,369
Total	$	4,884	42,314	1,116,912	1,164,110

(Continued)

(Dollars in thousands)

		2017			
		Fundraising	**Management**	**Program service**	**Total**
Salaries and Wages	$	1,074	18,352	434,649	454,075
Employee benefits		163	2,791	66,088	69,042
Medical services		—	—	229,627	229,627
Supplies		438	2,350	144,650	147,438
Purchased services		2,302	7,069	82,917	92,288
Utilities, insurance, and other		68	9,364	55,655	65,087
Depreciation		12	1,558	30,246	31,816
Interest and amortization		—	1,594	6,989	8,583
Total	$	4,057	43,078	1,050,821	1,097,956

(17) Liquidity

As of December 31, 2018, SHS has a working capital excess of $143,444 and average days (based on normal expenditures) cash on hand of 93.

The table below represents financial assets available for general expenditures within one year at December 31, 2018:

		2018	2017
Financial assets at year end:			
Cash and cash equivalents	$	144,252	156,721
Accounts receivable, net		78,743	75,745
Investments, including short term		145,713	150,965
Total financial assets	$	368,708	383,431

SHS has other assets limited to use for donor-restricted purposes, and debt service. Additionally, certain other foundation donor restricted assets are designated for future capital expenditures. These assets limited to use, which are more fully described in Note 12, are not available for general expenditure within the next year and are not reflected in the amounts above.

Additionally, SHS maintains a $16 million line of credit, as discussed in more detail in Note 10. As of December 31, 2018, $16 million remained available on the System's line of credit.

(18) Subsequent Events

SHS evaluated subsequent events after the consolidated balance sheet date of December 31, 2018 through March 27, 2019, which was the date the consolidated financial statements were issued. Management is not aware of any subsequent events requiring disclosure.

Schedule I

SAMARITAN HEALTH SERVICES, INC.

Supplementary Schedule – Balance Sheet Information

December 31, 2018 and 2017

(Dollars in thousands)

Assets	Obligated group	Nonobligated group	Eliminating entries	2018	2017
Current assets:					
Cash and cash equivalents	$ 82,734	61,518	—	144,252	156,721
Short-term investments	—	40,717	—	40,717	37,702
Patient accounts receivable	79,702	8,800	(9,759)	78,743	75,745
Other receivables	13,674	17,287	(308)	30,653	20,964
Receivable from affiliates	8,234	(8,234)	—	—	—
Inventories	12,612	2,392	—	15,004	14,781
Other current assets	9,293	1,742	—	11,035	9,700
Total current assets	206,249	124,222	(10,067)	320,404	315,613
Assets limited as to use:					
Restricted by donor for capital acquisition	—	2,877	—	2,877	2,147
Restricted by donor for permanent endowment	—	6,216	—	6,216	5,986
Held by trustee	54,836	—	—	54,836	63,712
Statutory deposits	75	8,948	—	9,023	7,819
Total assets limited as to use	54,911	18,041	—	72,952	79,664
Long-term investments	36,806	68,190	—	104,996	113,263
Property, plant, and equipment, net	305,730	28,003	—	333,733	329,957
Other assets	32,951	6,491	(21,114)	18,328	19,121
Total assets	$ 636,647	244,947	(31,181)	850,413	857,618

(Continued)

Schedule I

SAMARITAN HEALTH SERVICES, INC.

Supplementary Schedule – Balance Sheet Information

December 31, 2018 and 2017

(Dollars in thousands)

Liabilities and Net Assets		Obligated group	Nonobligated group	Eliminating entries	2018	2017
Current liabilities:						
Accounts payable	$	36,945	12,402	(308)	49,039	38,966
Accrued salaries, wages, and benefits		53,718	3,279	—	56,997	67,589
Estimated third-party payor settlements		5,727	1,032	—	6,759	10,269
Liability for unpaid medical claims		4,453	35,920	(9,759)	30,614	30,243
Other current liabilities		7,511	16,708	—	24,219	24,886
Current portion of long-term debt		14,217	115	(5,000)	9,332	9,217
Total current liabilities		122,571	69,456	(15,067)	176,960	181,170
Long-term debt, less current portion		226,059	4,805	(2,100)	228,764	237,835
Professional liability, less current portion		6,064	9,811	—	15,875	14,723
Pension liability		24,947	—	—	24,947	29,106
Other liabilities		11,624	4,750	—	16,374	16,900
Total liabilities		391,265	88,822	(17,167)	462,920	479,734
Net assets:						
Controlling interests		230,175	139,511	—	369,686	360,673
Non-controlling interests		1,193	—	—	1,193	1,098
Net assets without donor restrictions		231,368	139,511	—	370,879	361,771
Net Assets with donor restrictions		14,014	16,614	(14,014)	16,614	16,113
Total net assets		245,382	156,125	(14,014)	387,493	377,884
Total liabilities and net assets	$	636,647	244,947	(31,181)	850,413	857,618

See accompanying independent auditors' report.

Schedule II

SAMARITAN HEALTH SERVICES, INC.

Supplementary Schedule – Statement of Operations and Changes in Net Assets Without Donor Restrictions Information

Years ended December 31, 2018 and 2017

(Dollars in thousands)

	Obligated group	Nonobligated group	Eliminating entries	2018	2017
Revenue:					
Net patient service revenue	$ 723,329	79,009	(115,068)	687,270	640,578
Premium revenue	20,172	412,087	(6,123)	426,136	401,639
Other operating revenue	74,076	12,521	(31,705)	54,892	59,569
Total revenue	817,577	503,617	(152,896)	1,168,298	1,101,786
Expenses:					
Salaries and wages	406,821	54,235	—	461,056	454,075
Employee benefits	57,262	18,044	(6,123)	69,183	69,042
Medical services	40,252	337,919	(120,032)	258,139	229,627
Supplies	146,248	16,162	(1,631)	160,779	147,438
Purchased services	70,894	39,134	(15,086)	94,942	92,288
Utilities, insurance, and other	67,148	22,667	(10,025)	79,790	65,087
Depreciation	30,538	1,314	—	31,852	31,816
Interest and amortization	8,254	210	(95)	8,369	8,583
Total expenses	827,417	489,685	(152,992)	1,164,110	1,097,956
Excess (deficit) of revenue over expenses from operations	(9,840)	13,932	96	4,188	3,830
Other income, net:					
Investment income	424	3,752	(96)	4,080	5,627
Other income (loss)	990	(588)	—	402	5,567
Total other income, net	1,414	3,164	(96)	4,482	11,194
Excess of revenue over expenses	(8,426)	17,096	—	8,670	15,024
Change in net unrealized gains and losses on investments	226	(3,449)	—	(3,223)	5,403
Net assets released from restrictions used for capital acquisition	—	624	—	624	891
Net assets transferred for capital	624	(624)	—	—	—
Change in pension liability	4,107	—	—	4,107	5,827
Distributions to noncontrolling interest in consolidated joint ventures	(1,442)	—	—	(1,442)	(1,290)
Other	347	25	—	372	142
Change in net assets without donor restrictions	$ (4,564)	13,672	—	9,108	25,997

See accompanying independent auditors' report.