



**SAMARITAN HEALTH SERVICES, INC.**

Consolidated Financial Statements

December 31, 2022 and 2021

(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.:

### *Opinion*

We have audited the consolidated financial statements of Samaritan Health Services, Inc. and its subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2022 and 2021, and the related consolidated statements of operations and changes in net assets without donor restrictions, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2022 and 2021, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the System 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 opinion.

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

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

### *Auditors' Responsibilities for the Audit of the Consolidated Financial Statements*

Our objectives are to obtain reasonable assurance about whether the consolidated 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 opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 consolidated financial statements.



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated 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 consolidated 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 System'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System'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.

*Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedules of balance sheet information and statement of operations and changes in net assets without donor restrictions information on pages 34 through 36 are presented for purposes of additional analysis and is 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 to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. 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 31, 2023

**SAMARITAN HEALTH SERVICES, INC.**

Consolidated Balance Sheets

December 31, 2022 and 2021

(Dollars in thousands)

<b>Assets</b>	<b>2022</b>	<b>2021</b>
Current assets:		
Cash and cash equivalents	\$ 197,416	288,212
Short-term investments	87,223	105,923
Patient accounts receivable, net	114,086	98,221
Other receivables	55,237	36,098
Inventories	19,855	19,363
Other current assets	10,466	10,422
Total current assets	<u>484,283</u>	<u>558,239</u>
Assets limited as to use:		
Restricted by donor for capital acquisition	2,933	2,119
Restricted by donor for permanent endowment	6,391	8,667
Statutory deposits and other restricted investments	18,761	15,152
Total assets limited as to use	<u>28,085</u>	<u>25,938</u>
Long-term investments	153,925	143,126
Property, plant, and equipment, net	339,529	346,703
Operating lease, right of use assets, net	13,007	14,647
Other assets	13,534	16,887
Total assets	<u>\$ 1,032,363</u>	<u>1,105,540</u>

**SAMARITAN HEALTH SERVICES, INC.**

Consolidated Balance Sheets

December 31, 2022 and 2021

(Dollars in thousands)

<b>Liabilities and Net Assets</b>	<b>2022</b>	<b>2021</b>
Current liabilities:		
Accounts payable	\$ 67,059	61,189
Accrued salaries, wages, and benefits	69,129	77,380
Estimated third-party payor settlements	20,498	18,593
Liability for unpaid medical claims	34,069	36,240
Other current liabilities	36,322	93,013
Current portion of operating lease liabilities	4,078	3,491
Current portion of long-term debt	12,748	9,334
Total current liabilities	243,903	299,240
Long-term debt, less current portion	188,996	200,062
Long-term operating lease liabilities, less current portion	8,929	11,156
Professional liability, less current portion	14,703	18,732
Pension liability	13,472	11,382
Other liabilities	16,486	18,973
Total liabilities	486,489	559,545
Net assets:		
Controlling interests	527,436	526,545
Noncontrolling interests	584	701
Net assets without donor restrictions	528,020	527,246
Net assets with donor restrictions	17,854	18,749
Total net assets	545,874	545,995
Total liabilities and net assets	\$ 1,032,363	1,105,540

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, 2022 and 2021

(Dollars in thousands)

	<b>2022</b>	<b>2021</b>
Revenue:		
Net patient service revenue	\$ 833,398	769,897
Premium revenue	617,901	551,988
Other operating revenue	123,386	109,536
Total revenue	<u>1,574,685</u>	<u>1,431,421</u>
Expenses:		
Salaries and wages	548,960	512,352
Employee benefits	75,413	70,925
Medical services	361,471	338,772
Supplies	229,684	201,844
Purchased services	202,087	138,248
Utilities, insurance, and other	91,346	93,804
Depreciation	36,513	35,193
Interest and amortization	7,196	7,442
Total expenses	<u>1,552,670</u>	<u>1,398,580</u>
Excess of revenue over expenses from operations	<u>22,015</u>	<u>32,841</u>
Other income (expense), net:		
Investment (loss) income	(4,551)	13,548
Other income (expense)	2,956	2,495
Total other income (expense), net	<u>(1,595)</u>	<u>16,043</u>
Excess of revenue over expenses	20,420	48,884
Change in net unrealized gains and (losses) on fixed income investments	(14,843)	(3,984)
Net assets released from restrictions used for capital acquisition	2,092	2,575
Change in pension liability (loss) gain	(5,619)	9,403
Distributions to noncontrolling interest in consolidated joint ventures	(1,817)	(1,208)
Other	541	553
Change in net assets without donor restrictions	<u>\$ 774</u>	<u>56,223</u>

See accompanying notes to consolidated financial statements.

**SAMARITAN HEALTH SERVICES, INC.**

Consolidated Statements of Changes in Net Assets

Years ended December 31, 2022 and 2021

(Dollars in thousands)

	<b>Net assets without donor restrictions</b>		<b>Net assets with donor restrictions</b>	<b>Total net assets</b>
	<b>Controlling interest</b>	<b>Noncontrolling interest</b>		
December 31, 2020	\$ 470,328	695	16,911	487,934
Excess of revenue over expenses	47,670	1,214	—	48,884
Change in net unrealized gains and (losses) on fixed income investments	(3,984)	—	219	(3,765)
Net assets released from restrictions	2,575	—	(3,386)	(811)
Change in pension liability	9,403	—	—	9,403
Distributions to noncontrolling interest in consolidated joint ventures	—	(1,208)	—	(1,208)
Contributions	—	—	5,005	5,005
Other	553	—	—	553
Change in net assets	56,217	6	1,838	58,061
December 31, 2021	526,545	701	18,749	545,995
Excess of revenue over expenses	18,720	1,700	—	20,420
Change in net unrealized gains and (losses) on fixed income investments	(14,843)	—	1,573	(13,270)
Net assets released from restrictions	2,092	—	(3,077)	(985)
Change in pension liability	(5,619)	—	—	(5,619)
Distributions to noncontrolling interest in consolidated joint ventures	—	(1,817)	—	(1,817)
Contributions	—	—	609	609
Other	541	—	—	541
Change in net assets	891	(117)	(895)	(121)
December 31, 2022	\$ 527,436	584	17,854	545,874

See accompanying notes to consolidated financial statements.

**SAMARITAN HEALTH SERVICES, INC.**

Consolidated Statements of Cash Flows

Years ended December 31, 2022 and 2021

(Dollars in thousands)

	<u>2022</u>	<u>2021</u>
Cash flows from operating activities:		
Change in net assets	\$ (121)	58,061
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	36,853	34,433
Net realized and unrealized losses (gains) on investments	28,861	(7,975)
(Gain) loss on disposal of assets	(19)	(2,657)
Equity (gain) loss on joint ventures	(864)	(862)
Distributions to noncontrolling interest	1,817	1,208
Restricted contributions	(609)	(217)
Changes in operating assets and liabilities:		
Patient accounts receivable	(15,865)	(21,671)
Other receivables	(19,139)	(5,442)
Inventories	(492)	(2,765)
Other assets	6,965	(812)
Accounts payable	6,433	8,122
Accrued salaries, wages, and benefits	(8,251)	8,615
Estimated third-party payor settlements	1,905	13,545
Liability for unpaid medical claims	(2,171)	(2,464)
Professional liability	(1,047)	2,069
Pension liability	2,090	(12,175)
Other liabilities	(65,670)	(23,236)
Net cash (used in) provided by operating activities	<u>(29,324)</u>	<u>45,777</u>
Cash flows from investing activities:		
Purchase of property, plant, and equipment	(30,344)	(29,954)
Proceeds from sale of property, plant, and equipment	607	4,206
Distributions from joint ventures, net	718	696
Purchase of investments	(127,442)	(131,116)
Proceeds from sale of investments	<u>104,335</u>	<u>131,365</u>
Net cash used in investing activities	<u>(52,126)</u>	<u>(24,803)</u>
Cash flows from financing activities:		
Principal payments on long-term debt	(8,138)	(7,191)
Cash received from contributions	609	217
Distributions to noncontrolling interest in consolidated joint ventures	<u>(1,817)</u>	<u>(1,208)</u>
Net cash used in financing activities	<u>(9,346)</u>	<u>(8,182)</u>
(Decrease) increase in cash and cash equivalents	(90,796)	12,792
Cash and cash equivalents, beginning of year	<u>288,212</u>	<u>275,420</u>
Cash and cash equivalents, end of year	<u>\$ 197,416</u>	<u>288,212</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest, net of amount capitalized	\$ 6,770	7,737
Noncash transactions:		
Finance and operating lease right of use assets acquired	3,620	2,894
Change in accounts payable related to acquisition of property, plant, and equipment	563	(2,291)

See accompanying notes to consolidated financial statements.



**SAMARITAN HEALTH SERVICES, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(Dollars in thousands)

**(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
- 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 receivable, fair value of investments, liability for unpaid medical claims, professional liability, and pension liability. Actual results could differ significantly from those estimates.

**(b) Cash and Cash Equivalents**

Cash and cash equivalents include investments in highly liquid investments with original maturities of three months or less. Cash equivalents exclude amounts held for donor or trustee restrictions and amounts held within the investment portfolio.

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Notes to Consolidated Financial Statements

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(Dollars in thousands)

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 fixed income 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, 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.

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. Equipment under finance lease obligations or leasehold improvements for operating leases 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.

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(Dollars in thousands)

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. There were no interest costs capitalized by SHS in either 2022 or 2021.

**(g) *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. 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.

**(h) *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.

**(i) *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 2022 or 2021.

**(j) *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 the related investments is accounted for in accordance with donor instructions.

**(k) *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, income from joint ventures and certain expenses associated with the defined benefit pension plan.

**SAMARITAN HEALTH SERVICES, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(Dollars in thousands)

**(l) 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.

**(m) 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.

**(n) Premium Revenue**

Premium revenue consists of premiums paid to IHP and SHP 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.

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. In 2019, the State of Oregon renewed the contract with the CCO to provide care to its members for 5 years beginning January 1, 2020.

SHP premiums include revenue based on predetermined 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 2022 and 2021, SHP premium revenue included \$2,241 and \$3,458, respectively, relating to favorable settlements of prior years' reimbursement from Medicare.

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(Dollars in thousands)

**(o) 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 (benefit) expense of (\$2,694) and \$49 in 2022 and 2021, respectively, has been recorded in utilities, insurance, and other in the consolidated statements of operations and changes in net assets without donor restrictions.

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, 2022, 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 2019.

**(p) 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 condition is met. 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 restrictions and reported in the consolidated statements of operations and changes in net assets without donor restrictions as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions.

**(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

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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.

**(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.

Revenue from the Medicare and Medicaid programs accounted for approximately 43% and 11%, respectively, of SHS' net patient service revenue in 2022, and 42% and 10%, respectively, of SHS' net patient service revenue in 2021. 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 2022 and 2021, net patient service revenue includes \$5,394 and \$6,054, respectively, relating to (unfavorable) and 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.

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.

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

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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:

	<u>2022</u>	<u>2021</u>
Net patient service revenue by payor:		
Medicare	\$ 357,688	324,007
Medicaid	87,547	76,184
Self-Pay	4,613	2,381
Other third-party payors, primarily commercial	<u>383,550</u>	<u>367,325</u>
	<u>\$ 833,398</u>	<u>769,897</u>
	<u>2022</u>	<u>2021</u>
Total revenue:		
Inpatient revenue, net	\$ 259,170	248,626
Outpatient revenue, net	574,228	521,271
Premium revenue	617,901	551,988
Retail pharmacy revenue	89,436	75,790
Other operating revenue	<u>33,950</u>	<u>33,746</u>
	<u>\$ 1,574,685</u>	<u>1,431,421</u>

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 \$1,241 and \$2,148, respectively, at December 31, 2022 and 2021 as part of patient accounts receivable, net in the consolidated balance sheets.

**(4) Samaritan North Lincoln Affiliation Agreement**

In February of 2016, North Lincoln Health District (NLH-District) 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 transfer was 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. The new hospital has been constructed and was opened in February 2020.

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Additionally, SNLH has recorded \$1,461 and \$1,224 as other operating revenue related to these property tax operating levy amounts provided by NLH-District during 2022 and 2021, respectively. SNLH has recorded \$1,306 and \$1,215 related to this operating tax levy in other receivables in the consolidated balance sheets as of December 31, 2022 and 2021, 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 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, 2022. The net working capital transfer balance of \$4,694 is included in other liabilities in the consolidated balance sheets as of December 31, 2022 and 2021.

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 \$0 and \$419 as other operating revenue related to the property tax operating levy amount provided by PCH District during 2022 and 2021, respectively.

**(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.



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The following represents the estimated cost of providing these services and activities, along with descriptions of selected activities during 2022 and 2021:

	<b>2022</b>		
	<b>Community benefit costs</b>	<b>Offsetting revenue</b>	<b>Net community benefit costs</b>
Charity care and public programs:			
Charity care	\$ 10,213	—	10,213
Medicaid	160,466	124,731	35,735
Medicare	498,843	413,927	84,916
Other public programs	37,244	28,970	8,274
	<u>\$ 706,766</u>	<u>567,628</u>	<u>139,138</u>
	<b>2021</b>		
	<b>Community benefit costs</b>	<b>Offsetting revenue</b>	<b>Net community benefit costs</b>
Charity care and public programs:			
Charity care	\$ 12,231	—	12,231
Medicaid	149,677	108,585	41,092
Medicare	440,123	370,393	69,730
Other public programs	29,683	23,380	6,303
	<u>\$ 631,714</u>	<u>502,358</u>	<u>129,356</u>

**(a) Charity Care**

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. Charity care is considered the last “payer” when adjudicating a bill. The criteria for charity care assistance is determined based on income, other medical bills and/or other information supporting a patient’s ability or inability to pay for services provided. In addition to a 20% discount for all uninsured patients, SHS makes full subsidies available for uninsured and underinsured patients whose household income is at or below 250% of the federal poverty level (FPL); 75% discount of uninsured and underinsured patients whose household income is between 251-300%; 60% discount of uninsured and underinsured patients whose household income is between 301-400% of the FPL.

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

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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 held based in health plan statutory deposit requirements.

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IHP, as required by the Oregon Health Plan, has deposits with the State of Oregon of \$18,314 and \$14,705 as of December 31, 2022 and 2021, 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, 2022 and 2021. Additionally, restricted reserves include miscellaneous SHS deposits of \$172 and \$75 in 2022 and 2021, respectively.

There were no significant gross unrealized losses at December 31, 2022 or 2021.

**(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 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, 2022 and 2021.

*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 current 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

*Fixed income:* Valued at fair value based on quoted market prices in active or inactive markets.

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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 2021 to 2022.

The following table presents the balances of financial assets and liabilities measured or disclosed at fair value on a recurring basis at December 31, 2022:

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Assets:				
Cash equivalents	\$ 9,487	9,487	—	—
Certificates of deposit	2,505	—	2,505	—
Mutual funds:				
Domestic equities	25,666	25,666	—	—
International equities	22,023	22,023	—	—
Domestic debt securities	76,861	76,861	—	—
Fixed income:				
U.S. government obligations	27,732	27,732	—	—
Domestic corporate obligations	100,877	—	100,877	—
Municipals	4,082	—	4,082	—
Total assets	<u>\$ 269,233</u>	<u>161,769</u>	<u>107,464</u>	<u>—</u>

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The following table presents the balances of financial assets and liabilities measured or disclosed at fair value on a recurring basis at December 31, 2021:

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Assets:				
Cash equivalents	\$ 3,431	3,431	—	—
Certificates of deposit	4,402	—	4,402	—
Mutual funds:				
Domestic equities	104,392	104,392	—	—
International equities	17,445	17,445	—	—
Domestic debt securities	28,421	28,421	—	—
Fixed income:				
U.S. government obligations	27,427	27,427	—	—
Domestic corporate obligations	87,821	—	87,821	—
Municipals	1,648	—	1,648	—
Total assets	<u>\$ 274,987</u>	<u>181,116</u>	<u>93,871</u>	<u>—</u>

**(9) Property, Plant, and Equipment**

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

	<u>2022</u>	<u>2021</u>
Land and land improvements	\$ 52,530	52,617
Buildings and leasehold improvements	452,988	442,596
Furniture and equipment	286,649	262,085
Construction in progress	18,664	24,602
	<u>810,831</u>	<u>781,900</u>
Less:		
Accumulated depreciation	<u>471,302</u>	<u>435,197</u>
	<u>\$ 339,529</u>	<u>346,703</u>

There were capital expenditure purchase commitments outstanding as of December 31, 2022 for various construction and equipment projects. The estimated cost to complete such projects at December 31, 2022 was \$31,869, of which \$2,505 was contractually committed.

**(10) Line of Credit**

SHS may borrow up to \$16,000 under its line of credit agreement. There were no outstanding borrowings against the line at December 31, 2022 and 2021, respectively.

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**(11) Long-Term Debt**

Long-term debt comprises the following at December 31:

	<u>2022</u>	<u>2021</u>
Oregon Facilities Authority Revenue Bonds, Series 2020A 5.00%, principal maturing in varying annual amounts, and 2020B, due October 2046, secured by an interest in gross revenue	\$ 69,465	69,465
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	77,235	77,235
Oregon Facilities Authority Revenue Bonds, Series 2014, 2.3%, principal maturing in varying annual amounts, due December 2039, secured by an interest in gross revenue	14,266	14,944
Oregon Facilities Authority, SNAP Revenue Bond, Series A, 3.80% resetting every seven years, principal maturing in varying monthly amounts, due September 2034, unsecured	8,037	8,570
Loan payable, 4.31%, interest payable monthly, due March 2032, secured by real estate	1,801	1,859
Loan payable, 5.01%, payable in monthly installments of \$12, due with balloon payment of \$1,514 in 2023, secured by real estate	1,562	1,624
Obligations under finance leases and other, secured by related equipment	13,398	18,279
Other debt	1,195	1,371
Deferred financing fees	(1,661)	(1,801)
Unamortized premium on bonds, net	16,446	17,850
	<u>201,744</u>	<u>209,396</u>
Less current portion	<u>12,748</u>	<u>9,334</u>
	<u>\$ 188,996</u>	<u>200,062</u>

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, 2022 and 2021, management believes that the Obligated Group was in compliance with the terms of its debt agreements.

The Oregon Facilities Authority Revenue Bonds, Series 2020A and 2020B (2020 Bonds) were issued in July 2020 in the amount of \$69,465 and generated a premium of \$11,008. Interest is paid semiannually,

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and principal is paid annually beginning October 2023 and carries an interest rate of 5.00%. The proceeds from the 2020 Bonds were used to refund a portion of the Oregon Facilities Authority Revenue Bonds, Series 2016 (2016 Bonds), and the remainder of the Oregon Facilities Authority Revenue Refunding Bonds, Series 2010 (2010 Bonds) and to pay expenses incurred with the issuance.

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 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. During 2020, SHS refinanced a portion of the bonds in the amount of \$1,030 as part of the 2020 Bond issue described above.

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 2.3% in 2022 and 2021. In 2021, SHS renegotiated the interest rate to 2.3% under the terms of the issuance. The 2014 Bonds are paid monthly and mature in 2028. The proceeds from the 2014 Bonds were used to finance certain capital construction projects at GSRMC 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 4.4%. In 2017, SHS and the lender agreed to an interest rate of 3.80% 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 Health Sciences University, and to pay expenses incurred with the issuance.

Included in debt is \$6,002 and \$11,070 at December 31, 2022 and 2021, respectively, related to a finance lease and debt agreement 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 of leased assets under finance lease obligations. 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, 2022).

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

	<b>Long-term debt</b>	<b>Finance lease obligations</b>
2023	\$ 6,394	5,516
2024	6,074	2,855
2025	6,570	2,212
2026	6,882	1,018
2027	7,176	555
Thereafter	<u>140,465</u>	<u>2,767</u>
	<u>\$ 173,561</u>	14,923
Less amount representing interest under finance lease obligations		<u>(1,525)</u>
		<u>\$ 13,398</u>

**(12) Net Assets with Donor Restrictions**

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

	<b>2022</b>	<b>2021</b>
Operating programs support	\$ 7,107	8,637
Capital acquisition	2,933	2,119
Other	<u>7,814</u>	<u>7,993</u>
Total donor restricted net assets	<u>\$ 17,854</u>	<u>18,749</u>

The foundations' endowments consist of 21 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 \$6,391 and \$8,667 of net assets with donor restrictions as of December 31, 2022 and 2021, respectively.

The foundations also have board designated endowments of \$5,529 and \$6,959 at December 31, 2022 and 2021, 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.



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**(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 \$19,236 and \$17,757 in 2022 and 2021, 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 \$8,766 and \$8,325 in 2022 and 2021, 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.

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The following tables set forth the Plan's funded status at December 31, 2022 and 2021:

	<b>2022</b>	<b>2021</b>
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 139,400	146,249
Interest cost	3,464	3,058
Actuarial gain	(27,335)	(3,879)
Benefits paid	(6,388)	(6,028)
Projected benefit obligation at end of year	<u>109,141</u>	<u>139,400</u>
Change in fair value of plan assets:		
Fair value of plan assets at beginning of year	128,018	122,692
Actual return on plan assets	(27,962)	9,152
Employer contributions	2,000	2,202
Benefits paid	(6,387)	(6,028)
Fair value of plan assets at end of year	<u>95,669</u>	<u>128,018</u>
Funded status	<u>\$ (13,472)</u>	<u>(11,382)</u>
	<b>2022</b>	<b>2021</b>
Amounts recognized as changes in net assets consist of:		
Amortization of net loss	\$ (966)	(2,803)
Actuarial loss (gain)	6,585	(6,600)
Net amount recognized	<u>\$ 5,619</u>	<u>(9,403)</u>
Accumulated benefit obligation at end of year	\$ 109,141	139,400

The following table sets forth the components of net periodic (benefit) cost in 2022 and 2021, which is included in other nonoperating expense in the consolidated statements of operations and changes in net assets without donor restrictions:

	<b>2022</b>	<b>2021</b>
Interest cost	\$ 3,464	3,058
Expected return on plan assets	(5,959)	(6,431)
Amortization of actuarial loss	966	2,803
Net periodic (benefit) cost	<u>\$ (1,529)</u>	<u>(570)</u>

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The estimated net actuarial loss that will be amortized from net assets into net periodic pension cost during 2023 is \$3,885.

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

	<u>2022</u>	<u>2021</u>
Benefit obligation:		
Discount rate	4.91 %	2.53 %
Net periodic benefit cost:		
Discount rate	2.53	2.11
Expected long-term rate of return on plan assets	5.10	5.50

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.

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

	<u>2022</u>		<u>2021</u>	
	<u>Actual</u>	<u>Target</u>	<u>Actual</u>	<u>Target</u>
Fixed equities	14 %	17 %	19 %	21 %
Domestic debt securities	68	70	63	60
International equities	9	9	11	12
Real estate properties	9	4	7	7
Total	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

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.

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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 2021 to 2022. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 619	619	—	—
Mutual funds:				
Domestic equities	12,989	12,989	—	—
International equities	8,136	8,136	—	—
Domestic debt securities	65,381	65,381	—	—
	87,125	\$ 87,125	—	—
Investments measured at NAV per share or its equivalent	8,544			
	\$ 95,669			

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 549	549	—	—
Mutual funds:				
Domestic equities	23,649	23,649	—	—
International equities	14,788	14,788	—	—
Domestic debt securities	80,062	80,062	—	—
	119,048	\$ 119,048	—	—
Investments measured at NAV per share or its equivalent	8,970			
	\$ 128,018			

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The following table provides information regarding redemption of investments where the NAV has been used as a practical expedient to fair value at December 31, 2022 and 2021:

		<b>Fair value at December 31, 2022</b>	<b>Fair value at December 31, 2021</b>	<b>Redemption frequency</b>	<b>Redemption period</b>
Real estate					
investment fund	\$	8,544	8,970	Quarterly	90 days

The ING Clarion Lion Properties Fund is a real estate fund that has a fair value of \$8,544 and \$8,970 as of December 31, 2022 and 2021, respectively, estimated by using NAV as a practical expedient to fair value, 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 \$2,000 to the Plan in 2023.

Benefit payments are expected to be paid as follows:

2023	\$	7,954
2024		8,168
2025		8,256
2026		8,329
2027		8,291
2028-2032		40,109
	\$	<u>81,107</u>

**(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,

**SAMARITAN HEALTH SERVICES, INC.**

## Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(Dollars in thousands)

claims, and other included in other current liabilities and professional liability, less current portion in the consolidated balance sheets, was \$25,783 and \$26,830 as of December 31, 2022 and 2021, respectively, and, in management's opinion, provides an adequate reserve for loss contingencies.

**(b) Collective Bargaining Agreements**

Approximately 32% of SHS employees are covered under collective bargaining agreements, including nurses, professional employees, and service employees, with 13% of SHS employees under contracts expiring in 2023. SHS is currently engaged in contract negotiations on the contracts that are soon to expire.

**(c) 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.

**(15) Leases**

Relevant leasing information for the year ended December 31, 2022, as determined under ASC 842, is as follows:

SHS leases medical and administrative office buildings, and equipment to support operations. Below is the breakout of operating and finance leases as of December 31, 2022 and 2021:

	<b>2022</b> <b>Operating</b> <b>leases</b>	<b>2021</b> <b>Operating</b> <b>leases</b>
Operating lease, right of use assets	\$ 21,802	23,290
Less accum amort/depr	<u>(8,795)</u>	<u>(8,643)</u>
Operating lease, right of use assets, net	<u>\$ 13,007</u>	<u>14,647</u>
Current portion of operating lease liabilities	\$ 4,078	3,491
Long-term operating lease liabilities, less current portion	8,929	11,156

**SAMARITAN HEALTH SERVICES, INC.**

Notes to Consolidated Financial Statements

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(Dollars in thousands)

	<b>2022</b>	<b>2021</b>
	<b>Finance</b>	<b>Finance</b>
	<b>leases</b>	<b>leases</b>
Finance lease right of use assets recorded in property, plant, and equipment, net	\$ 5,369	7,111
Finance lease liabilities recorded in current portion of long-term debt	5,123	3,877
Finance lease liabilities recorded in long-term debt, less current portion	8,275	8,684

The weighted average terms and discount rates for operating and finance leases were 7 and 7 years and 4% and 3%, respectively, as of December 31, 2022. The weighted average terms and discount rates for operating and finance leases were 6 and 7 years and 4.0% and 3.0%, respectively, as of December 31, 2021.

SHS incurred the following lease expense amounts:

	<b>December 31</b>	
	<b>2022</b>	<b>2021</b>
Operating lease cost:		
Operating lease cost	\$ 4,683	3,617
Finance lease cost:		
Interest expense	377	501
Amortization expense	1,420	1,693

SHS anticipates that operating leases will mature as follows:

	<b>Operating</b>
	<b>leases</b>
2023	\$ 4,521
2024	2,901
2025	2,245
2026	1,671
2027	915
Thereafter	2,360
	<u>\$ 14,613</u>

**SAMARITAN HEALTH SERVICES, INC.**

## Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(Dollars in thousands)

**(16) 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 \$1,622 and \$1,962 as of December 31, 2022 and 2021, respectively, and earnings of \$3,972 and \$2,893 in 2022 and 2021, respectively.

	<u>Ownership</u>
Corvallis Medical Office Building, LLC	54.5 %
Corvallis MRI Joint Venture	50.0
East Linn MRI, LLC	60.0
Hull Imaging, LLC	60.0

Other joint ventures are accounted for on the equity method and are not material to the consolidated financial statements taken as a whole. They have in the aggregate contributed income of \$864 and \$863 in 2022 and 2021, respectively, which are included in other income (expense), net in the consolidated statements of operations and changes in net assets without donor restrictions.

**(17) 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:

	<u>2022</u>			
	<u>Fundraising</u>	<u>Management</u>	<u>Program service</u>	<u>Total</u>
Salaries and wages	\$ 1,466	15,745	531,749	548,960
Employee benefits	201	2,164	73,048	75,413
Medical services	—	—	361,471	361,471
Supplies	294	2,699	226,691	229,684
Purchased services	2,543	5,895	193,649	202,087
Utilities, insurance, and other	85	9,458	81,803	91,346
Depreciation	4	1,504	35,005	36,513
Interest and amortization	—	296	6,900	7,196
Total	\$ <u>4,593</u>	<u>37,761</u>	<u>1,510,316</u>	<u>1,552,670</u>



**SAMARITAN HEALTH SERVICES, INC.**

## Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(Dollars in thousands)

<b>2021</b>				
	<b>Fundraising</b>	<b>Management</b>	<b>Program service</b>	<b>Total</b>
Salaries and wages	\$ 1,343	14,641	496,368	512,352
Employee benefits	186	2,027	68,712	70,925
Medical services	—	—	338,772	338,772
Supplies	153	1,774	199,917	201,844
Purchased services	2,357	5,830	130,061	138,248
Utilities, insurance, and other	54	14,215	79,535	93,804
Depreciation	5	1,133	34,055	35,193
Interest and amortization	—	240	7,202	7,442
Total	\$ 4,098	39,860	1,354,622	1,398,580

**(18) Liquidity**

The table below represents financial assets available for general expenditures within one year:

	<b>2022</b>	<b>2021</b>
Financial assets at year end:		
Cash and cash equivalents	\$ 197,416	288,212
Patient accounts receivable, net	114,086	98,221
Investments, including short term	241,148	249,049
Total financial assets	\$ 552,650	635,482

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 \$16,000 line of credit, as discussed in more detail in note 10. As of December 31, 2022, \$16,000 remained available on the SHS's line of credit.

**SAMARITAN HEALTH SERVICES, INC.**

Notes to Consolidated Financial Statements

December 31, 2022 and 2021

(Dollars in thousands)

**(19) COVID-19**

On March 11, 2020, the World Health Organization announced the Novel Coronavirus Disease (COVID-19) Outbreak a global pandemic and shortly following a national emergency declaration concerning the COVID-19 outbreak was enacted. Subsequently, SHS has been operating under Federal Government, along with State and local, mandates as of March 13, 2020, including a State of Emergency for Oregon declared by Governor Kate Brown in early March, which extended through the fiscal year end. In response to COVID-19, and guidance from state and local public health authorities, SHS began modified operations in mid-March 2020 and continues to operate under some level of modified operations. The Coronavirus Aid, Relief and Economic Security (CARES) Act, which was enacted on March 27, 2020, authorized \$100 billion on funding to hospitals and other healthcare providers as provider relief funds (PRF). Payments from the provider relief fund were intended to compensate healthcare providers for lost revenues and incremental expenses incurred in response to the COVID-19 pandemic. Provider relief funds were not required to be repaid provided recipients attest to and comply with certain terms and conditions, including limits on COVID-19 balance billing. SHS recognized \$0 of general distributions and \$7,186 of targeted funds, and \$5,524 of general distributions and \$2,723 of targeted funds, which were included in other operating revenue for the fiscal years ending December 31, 2022 and 2021, respectively. In response to COVID-19 and subsequent to the CARES act, the Centers for Medicare and Medicaid Services (CMS), expanded the existing Accelerated and Advance Payments Program in order to accelerate cash flow to impacted health care providers. In 2020, SHS received \$84,807 and began repayment in 2021. As of December 31, 2022, and 2021, \$0 and \$56,307 were still outstanding and recorded as other current liabilities in the consolidated balance sheets, respectively.

Under accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect reported amounts. Accordingly, the impact of COVID-19 has increased the uncertainty associated with several of the assumptions underlying management's estimates. COVID-19's overall impact on SHS will be driven primarily by the severity and duration of the pandemic; the pandemic's impact on the United States economy and the timing, scope, and effectiveness of federal, state, and local governmental responses to the pandemic. Those primary drivers are uncertain and beyond management's control and may adversely impact SHS's revenue growth, supply chain, investments, and workforce, among other aspects of SHS's business. The actual impact of COVID-19 on SHS's combined financial statements may differ significantly from the judgements and estimates made as of the year ended December 31, 2022.

**(20) Subsequent Events**

SHS evaluated subsequent events after the consolidated balance sheet date of December 31, 2022 through March 31, 2023 which was the date the consolidated financial statements were issued.

Schedule I

SAMARITAN HEALTH SERVICES, INC.

Supplementary Schedule – Balance Sheet Information

December 31, 2022 and 2021

(Dollars in thousands)

Assets	Obligated group	Nonobligated group	Eliminating entries	2022	2021
Current assets:					
Cash and cash equivalents	\$ 99,394	98,022	—	197,416	288,212
Short-term investments	48,691	38,532	—	87,223	105,923
Patient accounts receivable	113,651	13,332	(12,897)	114,086	98,221
Other receivables	31,034	24,303	(100)	55,237	36,098
Receivable from affiliates	(31,312)	31,312	—	—	—
Inventories	17,000	2,855	—	19,855	19,363
Other current assets	9,934	532	—	10,466	10,422
Total current assets	288,392	208,888	(12,997)	484,283	558,239
Assets limited as to use:					
Restricted by donor for capital acquisition	—	2,933	—	2,933	2,119
Restricted by donor for permanent endowment	—	6,391	—	6,391	8,667
Statutory deposits and other restricted investments	172	18,589	—	18,761	15,152
Total assets limited as to use	172	27,913	—	28,085	25,938
Long-term investments	54,492	99,433	—	153,925	143,126
Property, plant, and equipment, net	315,401	24,128	—	339,529	346,703
Operating lease, right of use, net	11,018	1,989	—	13,007	14,647
Other assets	29,755	6,209	(22,430)	13,534	16,887
Total assets	\$ 699,230	368,560	(35,427)	1,032,363	1,105,540

Schedule I

**SAMARITAN HEALTH SERVICES, INC.**

Supplementary Schedule – Balance Sheet Information

December 31, 2022 and 2021

(Dollars in thousands)

<b>Liabilities and Net Assets</b>	<b>Obligated group</b>	<b>Nonobligated group</b>	<b>Eliminating entries</b>	<b>2022</b>	<b>2021</b>
Current liabilities:					
Accounts payable	\$ 56,590	10,469	—	67,059	61,189
Accrued salaries, wages, and benefits	65,435	3,794	(100)	69,129	77,380
Estimated third-party payor settlements	14,628	5,870	—	20,498	18,593
Liability for unpaid medical claims	3,927	43,039	(12,897)	34,069	36,240
Other current liabilities	6,382	29,940	—	36,322	93,013
Current portion of operating lease liabilities	3,478	600	—	4,078	3,491
Current portion of long-term debt	17,261	487	(5,000)	12,748	9,334
Total current liabilities	167,701	94,199	(17,997)	243,903	299,240
Long-term debt, less current portion	185,358	5,738	(2,100)	188,996	200,062
Long-term operating lease liabilities, less current portion	7,540	1,389	—	8,929	11,156
Professional liability, less current portion	4,025	10,678	—	14,703	18,732
Pension liability	13,472	—	—	13,472	11,382
Other liabilities	11,792	4,694	—	16,486	18,973
Total liabilities	389,888	116,698	(20,097)	486,489	559,545
Net assets:					
Controlling interests	293,428	234,008	—	527,436	526,545
Noncontrolling interests	584	—	—	584	701
Net assets without donor restrictions	294,012	234,008	—	528,020	527,246
Net assets with donor restrictions	15,330	17,854	(15,330)	17,854	18,749
Total net assets	309,342	251,862	(15,330)	545,874	545,995
Total liabilities and net assets	\$ 699,230	368,560	(35,427)	1,032,363	1,105,540

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, 2022 and 2021

(Dollars in thousands)

	Obligated group	Nonobligated group	Eliminating entries	2022	2021
Revenue:					
Net patient service revenue	\$ 886,415	102,713	(155,730)	833,398	769,897
Premium revenue	27,125	597,186	(6,410)	617,901	551,988
Other operating revenue	132,511	21,364	(30,489)	123,386	109,536
Total revenue	1,046,051	721,263	(192,629)	1,574,685	1,431,421
Expenses:					
Salaries and wages	487,778	61,182	—	548,960	512,352
Employee benefits	63,233	18,590	(6,410)	75,413	70,925
Medical services	44,076	475,667	(158,272)	361,471	338,772
Supplies	206,963	23,508	(787)	229,684	201,844
Purchased services	138,030	81,003	(16,946)	202,087	138,248
Utilities, insurance, and other	78,389	23,171	(10,214)	91,346	93,804
Depreciation	34,565	1,948	—	36,513	35,193
Interest and amortization	7,164	245	(213)	7,196	7,442
Total expenses	1,060,198	685,314	(192,842)	1,552,670	1,398,580
Excess of revenue over expenses from operations	(14,147)	35,949	213	22,015	32,841
Other income, net:					
Investment income	(5,544)	1,206	(213)	(4,551)	13,548
Other income (loss)	3,077	(121)	—	2,956	2,495
Total other income, net	(2,467)	1,085	(213)	(1,595)	16,043
Excess of revenue over expenses	(16,614)	37,034	—	20,420	48,884
Change in net unrealized gains and losses on fixed income investments	(3,550)	(11,293)	—	(14,843)	(3,984)
Net assets released from restrictions used for capital acquisition	—	2,092	—	2,092	2,575
Net assets transferred for capital	2,092	(2,092)	—	—	—
Change in pension liability	(5,619)	—	—	(5,619)	9,403
Distributions to noncontrolling interest in consolidated joint ventures	(1,817)	—	—	(1,817)	(1,208)
Other	513	28	—	541	553
Change in net assets without donor restrictions	\$ (24,995)	25,769	—	774	56,223

See accompanying independent auditors' report.