

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable:	C Name of organization OVERLAKE MEDICAL CENTER & CLINICS	D Employer identification number 91-0652651
<input type="checkbox"/> Address change	Doing business as	E Telephone number 425-688-5000
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1035 116TH AVENUE NE	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code BELLEVUE, WA 98004	G Gross receipts \$ 1,473,018,859.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: JONATHAN DUARTE SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
J Website: WWW.OVERLAKEHOSPITAL.ORG		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1953
		M State of legal domicile: WA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH CARE RELATED SERVICES WHICH ARE RESPONSIVE TO THE NEEDS AND CONCERNS OF THE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		12
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5		4438
	6 Total number of volunteers (estimate if necessary)	6		174
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		20,777.
	Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year
9 Program service revenue (Part VIII, line 2g)			21,054,751.	17,424,623.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			765,659,312.	818,810,142.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			13,179,478.	11,800,325.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,874,692.	3,915,552.
			802,768,233.	851,950,642.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,604,090.	2,854,414.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		480,687,386.	515,101,131.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)		0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		344,693,715.	349,922,225.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		827,985,191.	867,877,770.	
19 Revenue less expenses. Subtract line 18 from line 12		-25,216,958.	-15,927,128.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		946,217,268.	820,156,444.
	22 Net assets or fund balances. Subtract line 21 from line 20		445,064,270.	437,432,929.
		501,152,998.	382,723,515.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JONATHAN DUARTE, PRESIDENT AND CEO	Date
	Type or print name and title	
Paid Preparer Use Only	Preparer's name MEGAN R. RYAN	Preparer's signature MEGAN R. RYAN
	Date 05/08/26	Check if self-employed <input type="checkbox"/>
	Firm's name CLARK NUBER, PS	PTIN P00737884
	Firm's address 555 110TH AVE NE, SUITE 700 BELLEVUE, WA 98004	Firm's EIN 91-1194016
		Phone no. 425-454-4919

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE COMPREHENSIVE HOSPITAL AND OTHER HEALTHCARE AND WELLNESS RELATED SERVICES AND PROVIDE EDUCATION, RESEARCH, AND OTHER ACTIVITIES DESIGNED TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY. THE MISSION IS TO PROVIDE COMPASSIONATE CARE FOR EVERY LIFE WE TOUCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 732,315,252. including grants of \$) (Revenue \$ 818,629,058.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 2,854,414. including grants of \$ 2,854,414.) (Revenue \$) OTHER GRANTS AND ALLOCATIONS: GRANTS TO OVERLAKE HOSPITAL FOUNDATION TO COVER EXPENSES AND GRANTS TO SUPPORT OTHER COMMUNITY NONPROFIT ORGANIZATIONS.

4c (Code:) (Expenses \$ 4,089,735. including grants of \$) (Revenue \$ 181,084.) SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 739,259,401.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHARON PHELPS - 425-688-5471
1231 116TH AVE, SUITE 600, BELLEVUE, WA 98004

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J MICHAEL MARSH PRESIDENT & CEO THRU 01/25	49.00 4.00			X				1,602,146.	0.	151,523.
(2) MAHEER GANDHAVADI CARDIOLOGIST	40.00 0.00					X		1,494,897.	0.	50,202.
(3) ELLIOT MIN NEUROSURGEON	40.00 0.00					X		1,186,627.	0.	43,191.
(4) DEREK RODRIGUES CARDIOLOGIST	40.00 0.00					X		1,142,204.	0.	48,430.
(5) ASIF KHAN NEUROSURGEON	40.00 0.00					X		1,045,680.	0.	50,137.
(6) DAVID W NELSON CARDIAC SURGEON	40.00 0.00					X		1,000,218.	0.	56,586.
(7) KELAN R. KOENIG OC PHYSICIAN EXECUTIVE	60.00 0.00				X			775,871.	0.	98,382.
(8) MICHELLE CURRY CHIEF NURSING OFFICER	55.00 0.00				X			591,558.	0.	62,822.
(9) SCOTT WATERS CHIEF INFORMATION OFFICER	50.00 0.00				X			545,130.	0.	88,228.
(10) JONATHAN DUARTE PRESIDENT & CEO FROM 01/25	55.00 5.00			X				528,387.	0.	65,053.
(11) VALERIE CHRUSCIEL OC CHIEF OPERATING OFFICER	65.00 0.00				X			462,905.	0.	67,861.
(12) DAVID J WINOKUR CHIEF ADMINISTRATIVE OFFICER	50.00 0.00				X			368,035.	0.	66,260.
(13) PAUL ISHIZUKA INTERIM CFO FROM 03/24 TO 11/24	49.50 0.50			X				376,227.	0.	19,073.
(14) ANDREW TOKAR CFO THRU 04/24	0.00 0.00				X			250,838.	0.	17,256.
(15) CHRISSY YAMADA INTERIM CFO FROM 11/24	55.00 1.00			X				49,808.	0.	0.
(16) TOM EVERT CHAIR	10.00 0.00	X		X				0.	0.	0.
(17) ANNETTE CLARK CHAIR ELECT	3.00 0.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA WISSNER-SLIVKA SECRETARY	3.00 0.00	X		X				0.	0.	0.
(19) TIFFANY KOENIG TREASURER	2.00 0.00	X		X				0.	0.	0.
(20) JASON THOMPSON CHAIR THRU 12/24	10.00 0.00	X		X				0.	0.	0.
(21) PAULINE BACH TRUSTEE	3.00 2.00	X						0.	0.	0.
(22) PATRICIA BEDIENT TRUSTEE	1.50 0.00	X						0.	0.	0.
(23) KRISTINA BELFIORE TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) TED HERB TRUSTEE	10.50 0.00	X						0.	0.	0.
(25) JAMES LADD TRUSTEE THRU 12/24	3.00 0.00	X						0.	0.	0.
(26) MARTHA LEE TRUSTEE THRU 12/24	2.00 0.00	X						0.	0.	0.
1b Subtotal								11,420,531.	0.	885,004.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								11,420,531.	0.	885,004.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,402

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AYA HEALTHCARE, INC., 59302 CORNERSTONE CT W, #300, SAN DIEGO, CA 92121	TEMPORARY STAFFING	8,996,928.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	HEALTHCARE SOFTWARE	5,188,596.
PUGET SOUND PHYSICIANS, PLLC 1035 116TH AVE NE, BELLEVUE, WA 98004	EMERGENCY PHYSICIANS	4,101,839.
BLOODWORKS 921 TERRY AVENUE SEATTLE, SEATTLE, WA 98104	CLINICAL & BLOOD TESTING SERVICES	3,839,896.
AMERIGIS HEALTHCARE STAFFING, INC 7223 LEE DEFOREST DRIVE, COLUMBIA, MD 21046	TEMPORARY STAFFING	2,512,825.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 180

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	9,145,780.				
	e Government grants (contributions)	1e	8,278,843.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,153.				
	h Total. Add lines 1a-1f			17,424,623.			
Program Service Revenue	2 a NON GOVERNMENT PAYMENT	Business Code	622110	526,220,928.	526,220,928.		
	b MEDICARE/MEDICAID		622110	280,509,997.	280,509,997.		
	c OTHER PROGRAM SERVICES		900099	12,628,706.	12,628,706.		
	d EDUCATION SERVICES		611710	181,084.	181,084.		
	e INVENTORY SALES		456199	113,426.	113,426.		
	f All other program service revenue		900099	-843,999.	-843,999.		
	g Total. Add lines 2a-2f			818,810,142.			
	3 Investment income (including dividends, interest, and other similar amounts)			6,500,957.			6,500,957.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	6a	(i) Real	161,459.			
			(ii) Personal				
		b Less: rental expenses ...	6b	76,654.			
	c Rental income or (loss)	6c	84,805.				
	d Net rental income or (loss)			84,805.			84,805.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	526,290,931.			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	520,991,563.			
	c Gain or (loss)	7c	5,299,368.				
	d Net gain or (loss)			5,299,368.			5,299,368.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a CAFETERIA/CATERING	Business Code	722514	1,757,351.			1,757,351.
	b PARKING REVENUE		812930	1,451,500.			1,451,500.
	c PURCHASE CARD REBATES		900099	369,779.			369,779.
	d All other revenue		900099	252,117.			252,117.
	e Total. Add lines 11a-11d			3,830,747.			
12 Total revenue. See instructions			851,950,642.	818,810,142.	0.	15,715,877.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,854,414.	2,854,414.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,104,999.	2,422,964.	3,682,035.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,481.	10,481.		
7 Other salaries and wages	408,545,502.	368,881,857.	39,663,645.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,738,546.	17,746,409.	1,992,137.	
9 Other employee benefits	53,381,966.	46,770,916.	6,611,050.	
10 Payroll taxes	27,319,637.	24,458,366.	2,861,271.	
11 Fees for services (nonemployees):				
a Management	1,617,251.	807,922.	809,329.	
b Legal	122,856.	17,856.	105,000.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	420,295.		420,295.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	85,314,003.	64,007,005.	21,306,998.	
12 Advertising and promotion	1,593,534.	109.	1,593,425.	
13 Office expenses	12,937,431.	10,799,803.	2,137,628.	
14 Information technology	23,232,606.	1,658,400.	21,574,206.	
15 Royalties				
16 Occupancy	20,240,319.	14,736,723.	5,503,596.	
17 Travel	211,177.	159,071.	52,106.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	863,753.	773,200.	90,553.	
20 Interest	10,606,668.	10,606,668.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,130,091.	12,492,442.	5,637,649.	
23 Insurance	12,488,619.	3,535,481.	8,953,138.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	133,651,275.	133,627,366.	23,909.	
b MEDICAID ASSESSMENT	14,562,017.	14,562,017.		
c B&O TAX	9,658,804.	6,738,171.	2,920,633.	
d LICENSE & MEMBERSHIP	2,427,585.	1,392,206.	1,035,379.	
e All other expenses	1,843,941.	199,554.	1,644,387.	
25 Total functional expenses. Add lines 1 through 24e	867,877,770.	739,259,401.	128,618,369.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,128,709.	1	23,230,518.
	2 Savings and temporary cash investments	25,312,456.	2	15,688,146.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	115,684,330.	4	105,361,073.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,032,598.	7	0.
	8 Inventories for sale or use	21,994,085.	8	26,059,922.
	9 Prepaid expenses and deferred charges	16,656,870.	9	14,824,960.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 349,524,897.		
	b Less: accumulated depreciation	10b 16,391,770.		
	11 Investments - publicly traded securities	440,378,027.	10c	333,133,127.
	12 Investments - other securities. See Part IV, line 11	249,654,967.	11	243,482,925.
	13 Investments - program-related. See Part IV, line 11	802,107.	12	8,309,228.
	14 Intangible assets	1,767,682.	13	1,767,682.
	15 Other assets. See Part IV, line 11	56,805,437.	14	48,298,863.
16 Total assets. Add lines 1 through 15 (must equal line 33)	946,217,268.	15	820,156,444.	
Liabilities	17 Accounts payable and accrued expenses	120,388,138.	16	820,156,444.
	18 Grants payable		17	124,343,795.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	267,344,047.	19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	258,729,630.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	57,332,085.	24	
	26 Total liabilities. Add lines 17 through 25	445,064,270.	25	54,359,504.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	501,152,998.	26	437,432,929.
	28 Net assets with donor restrictions		27	382,723,515.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		28	
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	501,152,998.	31	382,723,515.
	33 Total liabilities and net assets/fund balances	946,217,268.	32	820,156,444.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	851,950,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2	867,877,770.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,927,128.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	501,152,998.
5	Net unrealized gains (losses) on investments	5	11,260,420.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-113,762,775.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	382,723,515.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

OVERLAKE MEDICAL CENTER & CLINICS

Employer identification number

91-0652651

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>9,145,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED MEALS _____ _____ _____	\$ 1,153.	04/01/25
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OVERLAKE MEDICAL CENTER & CLINICS

Employer identification number

91-0652651

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,399,269.	15,116,213.	14,493,472.	16,891,583.	13,741,651.
b Contributions	623,262.	261,125.	139,866.	239,515.	160,083.
c Net investment earnings, gains, and losses	1,964,102.	1,737,034.	1,345,654.	-1,957,644.	3,492,449.
d Grants or scholarships					
e Other expenditures for facilities and programs	762,014.	715,103.	862,779.	679,982.	502,600.
f Administrative expenses					
g End of year balance	18,224,619.	16,399,269.	15,116,213.	14,493,472.	16,891,583.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 28.9000 %
 - b Permanent endowment 40.2400 %
 - c Term endowment 30.8600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,160,000.		138,160,000.
b Buildings		159,902,859.	4,668,772.	155,234,087.
c Leasehold improvements		751,200.	58,827.	692,373.
d Equipment		41,912,725.	11,664,171.	30,248,554.
e Other		8,798,113.		8,798,113.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				333,133,127.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LIABILITY INSURANCE RECEIVABLE	9,156,156.
(2) WORKERS COMPENSATION RECEIVABLE	393,684.
(3) OTHER RECEIVABLES	848,662.
(4) OPERATING LEASE RIGHT-OF-USE	26,631,707.
(5) SAFETY NET RECEIVABLE	11,268,654.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	48,298,863.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY INSURANCE RESERVE	20,701,658.
(3) WORKERS COMPENSATION RESERVE	2,488,599.
(4) CAPITAL LEASE OBLIGATION	29,285,757.
(5) TENANT DEPOSITS	138,322.
(6) OTHER LONG-TERM LIABILITIES	1,745,168.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	54,359,504.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT DISTRIBUTIONS ARE USED TO SUPPORT CAPITAL AND OPERATIONAL NEEDS
 OF OVERLAKE MEDICAL CENTER & CLINICS AS DIRECTED BY THE INDIVIDUAL
 ENDOWMENT PURPOSE.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
--	---

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			7,895,482.		7,895,482.	.91%
b Medicaid (from Worksheet 3, column a)			78,470,392.	53,736,167.	24,734,225.	2.85%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			86,365,874.	53,736,167.	32,629,707.	3.76%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,045,606.	387,420.	1,658,186.	.19%
f Health professions education (from Worksheet 5)			2,352,718.		2,352,718.	.27%
g Subsidized health services (from Worksheet 6)			2,034,128.	2,231,781.	0.	.00%
h Research (from Worksheet 7)			42.		42.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			266,472.		266,472.	.03%
j Total. Other benefits			6,698,966.	2,619,201.	4,277,418.	.49%
k Total. Add lines 7d and 7j			93,064,840.	56,355,368.	36,907,125.	4.25%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: OVERLAKE MEDICAL CENTER & CLINICS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (CHNA)		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 24</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>OVERLAKEHOSPITAL.ORG/ABOUT/COMMUNITY-BENEFIT</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>OVERLAKEHOSPITAL.ORG/ABOUT/COMMUNITY-BENEFIT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: OVERLAKE MEDICAL CENTER & CLINICS

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>300</u> % for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: OVERLAKE MEDICAL CENTER & CLINICS

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
--	---	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: OVERLAKE MEDICAL CENTER & CLINICS

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
	If "Yes," explain in Section C.		

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OVERLAKE MEDICAL CENTER & CLINICS:

PART V, SECTION B, LINE 5: OVERLAKE MEDICAL CENTER SOLICITED COMMUNITY INPUT THROUGH KEY STAKEHOLDER INTERVIEWS TO IDENTIFY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS. OVERLAKE MEDICAL CENTER PARTICIPATED IN A COLLABORATIVE PROCESS FOR COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF THE KING COUNTY HOSPITALS FOR A HEALTHIER COMMUNITY (HHC). HHC IS A COLLABORATION BETWEEN 10 HOSPITALS AND/OR HEALTH SYSTEMS IN KING COUNTY AND PUBLIC HEALTH-SEATTLE & KING COUNTY. THE HHC MEMBERS WORK TOGETHER TO IDENTIFY IMPORTANT COMMUNITY NEEDS AND DEVELOPS PLANS TO IMPROVE HEALTH AND HEALTH EQUITY. HHC RECOGNIZES THAT PARTNERSHIPS BETWEEN HOSPITALS, PUBLIC HEALTH, COMMUNITY ORGANIZATIONS AND COMMUNITIES ARE KEY TO SUCCESSFUL STRATEGIES TO ADDRESS COMMON HEALTH NEEDS. THE COMMUNITY HEALTH NEEDS ASSESSMENT INCORPORATED EXISTING DEMOGRAPHIC AND HEALTH DATA FOR THE COMMUNITIES SERVED BY THE HOSPITAL. THIS INCLUDED COLLECTION AND ANALYSIS OF INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH. THE HEALTH NEEDS WERE IDENTIFIED FROM ISSUES SUPPORTED BY PRIMARY AND SECONDARY DATA SOURCES GATHERED FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE NEEDS WERE INDICATED BY STAKEHOLDER INTERVIEWS, FOCUS GROUPS, AND SECONDARY DATA SOURCES AND WERE CONFIRMED BY MORE THAN ONE INDICATOR OR DATA SOURCE. COMMUNITY STAKEHOLDER, IDENTIFIED BY THE HOSPITAL, WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT. INTERVIEW PARTICIPANTS INCLUDED LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, AS WELL AS THE LOCAL HEALTH DEPARTMENT THAT HAS "CURRENT DATA OR INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY," PER IRS REQUIREMENTS. THE INTERVIEWS TOOK INTO ACCOUNT INPUT FROM A BROAD RANGE OF PERSONS LOCATED IN OR SERVING ITS COMMUNITY INCLUDING, HEALTH CARE CONSUMERS, NONPROFIT AND COMMUNITY-BASED ORGANIZATIONS, ACADEMIC EXPERTS, LOCAL GOVERNMENT OFFICIALS, LOCAL SCHOOL DISTRICTS, HEALTH CARE PROVIDERS AND COMMUNITY HEALTH CENTERS.

OVERLAKE MEDICAL CENTER & CLINICS:

PART V, SECTION B, LINE 6A: PROVIDENCE SWEDISH, EVERGREEN, FRED HUTCHINSON CANCER CENTER, KAISER PERMANENTE, MULTICARE HEALTH SYSTEM, NAVOS, SEATTLE CHILDREN'S, UW MEDICINE, VIRGINIA MASON FRANCISCAN HEALTH

OVERLAKE MEDICAL CENTER & CLINICS:

PART V, SECTION B, LINE 6B: PUBLIC HEALTH-SEATTLE & KING COUNTY, WASHINGTON STATE HOSPITAL ASSOCIATION

OVERLAKE MEDICAL CENTER & CLINICS:

PART V, SECTION B, LINE 11: PRIORITY HEALTH NEEDS: THE COMMUNITY STAKEHOLDERS PRIORITIZED THE HEALTH NEEDS ACCORDING TO HIGHEST LEVEL OF IMPORTANCE IN THE COMMUNITY AS FOLLOWS: ACCESS TO HEALTH CARE, CHRONIC DISEASES, HEALTHY EATING, HOUSING AND HOMELESSNESS AND MENTAL HEALTH WERE RANKED AS THE TOP FIVE PRIORITY NEEDS IN THE SERVICE AREA.

ACCESS TO HEALTH CARE - OVERLAKE WILL COMMITT THE FOLLOWING RESOURCES TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDRESS THIS HEALTH NEED: SUPPORT OUTREACH ACTIVITIES WITH SOUTH ASIAN AND SOUTHEAST ASIAN POPULATIONS IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS, PROVIDE FINANCIAL ASSISTANCE BY OFFERING FREE AND DISCOUNTED CARE FOR HEALTH CARE SERVICES, CONSISTENT WITH OVERLAKE'S FINANCIAL ASSISTANCE POLICY, OPTIMIZE OUTREACH ACTIVITIES FOR HEALTHY LIVING, COORDINATE VOLUNTEER PROVIDER SERVICES AT FREE HEALTH CLINICS AND PROVIDE FLU SHOT AND/OR BIOMETRIC SCREENING VOUCHERS TO MEDICALLY UNDERSERVED.

CHRONIC DISEASES - OVERLAKE WILL COMMIT THE FOLLOWING RESOURCES TO ADDRESS THIS HEALTH NEED: OFFER HEALTH EDUCATION AND OUTREACH PROGRAMS FOCUSED ON PREVENTIVE ACTIONS TO MINIMIZE CHRONIC DISEASE, INCREASE AWARENESS OF CANCER SURVIVORSHIP, INCREASE IDENTIFICATION AND TREATMENT OF CHRONIC DISEASES AND PROVIDE SUPPORT AND RESOURCES FOR PERSONS BATTLING CHRONIC DISEASES, THEIR FAMILIES, AND CAREGIVERS.

HOUSING AND HOMELESSNESS: OVERLAKE WILL COMMIT THE FOLLOWING RESOURCES TO ADDRESS THIS HEALTH NEED: CONNECT PEOPLE EXPERIENCING HOMELESSNESS TO COMMUNITY-BASED PROGRAMS AND SERVICES, ENGAGE IN COLLABORATIVE STRATEGIES WITH COMMUNITY PARTNERS TO IMPROVE THE HEALTH OF INDIVIDUALS EXPERIENCING HOMELESSNESS, PROVIDE FINANCIAL SUPPORT TO LOCAL ORGANIZATIONS AND PROVIDE EDUCATION TO THE PUBLIC TO RAISE AWARENESS AND PROMOTE ADVOCACY.

MENTAL HEALTH AND SUBSTANCE USE - OVERLAKE WILL COMMIT THE FOLLOWING RESOURCES TO ADDRESS THIS HEALTH NEED: IMPLEMENT A SUICIDE PREVENTION CURRICULUM IN CONJUNCTION WITH LOCAL SCHOOLS AND COMMUNITY MENTAL HEALTH SERVICES, EXPAND ACCESS TO EARLY INTERVENTION AND SCREENING FOR SUBSTANCE USE AND MENTAL HEALTH SERVICES THROUGH COMMUNITY PARTNERSHIPS, OFFER CAREGIVER SUPPORT PROGRAMS THROUGH COLLABORATION WITH COMMUNITY PARTNERS, SUPPORT COMMUNITY ORGANIZATIONS THAT PROVIDE MENTAL HEALTH AND SUBSTANCE USE SERVICES, RAISE AWARENESS AND PROVIDE EDUCATION ABOUT SUBSTANCE USE PREVENTION AND TREATMENT AND INCREASE AWARENESS OF THE OVERLAKE PARTIAL DAY HOSPITALIZATION PROGRAM AND THE BEHAVIORAL HEALTH UNIT AND THEIR AVAILABILITY TO THE PUBLIC.

PREVENTIVE HEALTHCARE - OVERLAKE WILL COMMIT THE FOLLOWING RESOURCES TO ADDRESS THIS HEALTH NEED: PROVIDE FREE FLU VACCINES AND BIOMETRIC SCREENINGS TO THE MEDICALLY UNDERSERVED, OFFER SENIOR HEALTH AND WELLNESS EDUCATION AND PROGRAMS, PROVIDE DISEASE PREVENTION AND AWARENESS PROGRAMS THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, OFFER COMMUNITY HEALTH CLASSES AND HEALTH AWARENESS PRESENTATIONS, AND PARTICIPATE IN HEALTH AND WELLNESS EVENTS TO PROMOTE PREVENTATIVE PRACTICES.

OTHER HEALTH NEEDS NOT ADDRESSED - TAKING EXISTING ORGANIZATIONAL AND COMMUNITY-BASED RESOURCES INTO CONSIDERATION, OVERLAKE IS CHOOSING TO ADDRESS THE PRIORITY NEEDS IDENTIFIED IN THE CHNA. OVERLAKE CANNOT ADDRESS ALL THE HEALTH NEEDS IN THE COMMUNITY AND MUST FOCUS ON AREAS WHERE WE HAVE THE GREATEST POTENTIAL FOR IMPACT AND THAT ALSO ALIGN WITH OUR MISSION AND PREVENT DUPLICATION OF EFFORT. OUR FOCUS WILL BE ON THE LOCAL COMMUNITY WHERE WE CAN HAVE THE LARGEST IMPACT. ENGAGING IN COMMUNITY PARTNERSHIPS MAY SUPPORT OTHER INITIATIVES THAT THE HOSPITAL CANNOT INDEPENDENTLY ADDRESS.

OVERLAKE MEDICAL CENTER & CLINICS:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 13H: EXCEPTIONS TO THE WASHINGTON STATE RESIDENCY REQUIREMENT ALSO INCLUDE REFUGEES, ASYLEES, AND THOSE SEEKING ASYLUM THAT POSSESS AND CAN PRESENT INS DOCUMENTATION.

OVERLAKE MEDICAL CENTER & CLINICS

PART V, LINE 16A, FAP WEBSITE:

OVERLAKEHOSPITAL.ORG/VISIT/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

OVERLAKE MEDICAL CENTER & CLINICS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

OVERLAKEHOSPITAL.ORG/VISIT/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

OVERLAKE MEDICAL CENTER & CLINICS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

OVERLAKEHOSPITAL.ORG/VISIT/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 3E:

CALCULATIONS FROM COMMUNITY STAKEHOLDERS RESULTED IN THE FOLLOWING PRIORITIZATION OF THE SIGNIFICANT HEALTH NEEDS: ACCESS TO HEALTH CARE AND HEALTH INEQUITIES, CHRONIC DISEASE (INCLUDING CANCER), HOUSING AND HOMELESSNESS, MENTAL HEALTH AND SUBSTANCE USE AND PREVENTIVE PRACTICES.

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 33

Name and address	Type of facility (describe)
1 OMC-CARDIOLOGY BELLEVUE 1135 116TH AVE NE STE 600 BELLEVUE, WA 98004	CARDIOLOGY
2 OMC-ENDOCRINOLOGY/PULMONARY/PRIMARY C 1231 116TH AVE NE STE 400 BELLEVUE, WA 98004	ENDOCRINOLOGY/PULMONARY/PRIMARY CARE
3 OMC-OVERLAKE OBGYN 1231 116TH AVE NE STE 950 BELLEVUE, WA 98004	OBGYN
4 OMC ISSAQUAH-PRIMARY & URGENT CARE 5708 E LAKE SAMMAMISH PKWY SE, STE 10 ISSAQUAH, WA 98029	PRIMARY/URGENT CARE
5 OMC-NEUROSCIENCES INSTITUTE 1135 116TH AVE NE STE 500 BELLEVUE, WA 98004	NEUROLOGY/NEUROSURGERY/NEUROHOSPITAL
6 OMC-HOSPITALIST 1135 116TH AVE NE BELLEVUE, WA 98004	HOSPITALIST
7 OMC-BELLEGROVE OBGYN 1200 112TH AVE NE, BUILDING C STE 115 BELLEVUE, WA 98004	BELLEGROVE OBGYN
8 OMC-BELLEVUE-UROLOGY 1135 116TH AVE NE STE 620 BELLEVUE, WA 98004	UROLOGY/UROGYNECOLOGY
9 OMC-METABOLIC & BARIATRIC/ACUTE CARE 1231 116TH AVE NE STE 515 BELLEVUE, WA 98004	METABOLIC & BARIATRIC/ACUTE CARE
10 OMC-NEWCASTLE-PRIMARY & URGENT CARE 13159 NEWCASTLE COMMONS DR NEWCASTLE, WA 98059	PRIMARY/URGENT CARE

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 33

Name and address	Type of facility (describe)
11 OMC-PALLIATIVE CARE/CANCER CENTER 1135 116TH AVE NE STE 200 BELLEVUE, WA 98004	PALLIATIVE CARE/CANCER CENTER: BREAST SURGERY, GYNECOLOGIC ONCOLOGY
12 OMC-INTERNAL MEDICINE ASSOCIATES 1407 116TH AVE NE STE 200 BELLEVUE, WA 98004	INTERNAL MEDICINE
13 OMC-REDMOND-URGENT CARE 17209 REDMOND WAY REDMOND, WA 98052	URGENT CARE
14 OMC-DOWNTOWN BELLEVUE-PRIMARY CARE 10223 NE 10TH ST BELLEVUE, WA 98004	PRIMARY CARE
15 OMC-KIRKLAND-PRIMARY CARE 290 CENTRAL WAY KIRKLAND, WA 98033	PRIMARY CARE
16 OMC-REDMOND-PRIMARY CARE & CARDIOLOGY 17181 REDMOND WAY STE 300 REDMOND, WA 98052	PRIMARY CARE/CARDIOLOGY
17 OMC-DOWNTOWN BELLEVUE-URGENT CARE 400 108TH AVE NE BELLEVUE, WA 98004	URGENT CARE
18 OMC-BELLEVUE-ANTICOAGULATION CLINIC 1750 112TH AVENUE NE STE B-102 BELLEVUE, WA 98004	ANTICOAGULATION CLINIC OUT-PATIENT PSYCHIATRIC SERVICES
19 OMC-SLEEP MEDICINE 1100 112TH AVE NE STE 320 BELLEVUE, WA 98004	SLEEP MEDICINE
20 OMC-LAKE HILLS-PRIMARY & URGENT CARE 619 156TH AVE SE BELLEVUE, WA 98007	PRIMARY/URGENT CARE

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 33

Name and address	Type of facility (describe)
21 OMC-OUTPATIENT REHABILITATION 1417 116TH AVE NE STE 110 BELLEVUE, WA 98004	PHYSICAL/OCCUPATIONAL/SPEECH THERAPY
22 OMC-ISSAQUAH-MUSCULOSKELETAL MEDICINE 1740 NW MAPLE ST STE 111 ISSAQUAH, WA 98027	MUSCULOSKELETAL MEDICINE
23 OMC-CARDIOTHORACIC SURGERY 1135 116TH AVE NE STE 605 BELLEVUE, WA 98004	CARDIOTHORACIC SURGERY
24 OMC-ISSAQUAH-SPECIALTY SERVICES 1740 NW MAPLE ST STE 207 ISSAQUAH, WA 98027	MULTI SPECIALTY SERVICES
25 OMC-MUSCULOSKELETAL MEDICINE 1135 116TH AVE NE STE 510 BELLEVUE, WA 98004	MUSCULOSKELETAL MEDICINE
26 OMC-COLORECTAL/SURGICAL SPECIALTY 1231 116TH AVE NE STE 555 BELLEVUE, WA 98004	COLORECTAL SURGERY
27 OMC-SAMMAMISH-PRIMARY & URGENT CARE 22630 SE 4TH ST STE 300 SAMMAMISH, WA 98074	PRIMARY/URGENT CARE
28 OMC-SENIOR HEALTH CLNC/ACC/NUTRITION 1750 112TH AVE NE STE A101 BELLEVUE, WA 98004	SENIOR SERVICES ACC
29 OMC-BELLEVUE-CONCIERGE CARE 1135 116TH AVE NE STE 550 BELLEVUE, WA 98004	PRIMARY CARE
30 OMC-KIRKLAND-UROLOGY 13126 120TH AVE NE KIRKLAND, WA 98034	UROLOGY/UROGYNECOLOGY

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Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's FAP.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

IN ADDITION TO THE FPL CRITERIA, THERE IS A RESIDENCY REQUIREMENT TO EITHER BE A RESIDENT OF THE STATE OF WASHINGTON OR MEET AN EXCEPTION FOR NON-RESIDENTS. NON-RESIDENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE WHILE RECEIVING SERVICES WITHIN THE EMERGENCY DEPARTMENT OR AS A RESULT OF A DIRECT ADMISSION FROM THE EMERGENCY DEPARTMENT. EXCEPTIONS TO THE WASHINGTON STATE RESIDENCY REQUIREMENT ALSO INCLUDE REFUGEES, ASYLEES, AND THOSE SEEKING ASYLUM THAT POSSESS AND CAN PRESENT INS DOCUMENTATION. THE MEDICALLY INDIGENT PATIENT WILL BE GRANTED CHARITY CARE/FINANCIAL ASSISTANCE REGARDLESS OF RACE, NATIONAL ORIGIN, OR IMMIGRATION STATUS. OVERLAKE WILL NOT CONSIDER ASSETS AS PART OF THE INCOME WHEN DETERMINING ELIGIBILITY.

PART I, LINE 7:

THE COSTING METHODOLOGY FOR CHARITY CARE AND UNREIMBURSED MEDICAID WAS THE COST TO CHARGE METHOD USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2. THE COMMUNITY HEALTH IMPROVEMENT COST, HEALTH PROFESSIONAL EDUCATION, RESEARCH AND CASH AND IN-KIND CONTRIBUTIONS ARE DIRECT COST AND DO NOT INCLUDE ANY INDIRECT COST. THE COST FOR SUBSIDIZED HEALTH SERVICES IS DERIVED FROM A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS.

PART I, LINE 7:

ANY PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN 2025 AND 2024 WERE CONSIDERED TO BE IMPLICIT PRICE CONCESSIONS AND, AS A RESULT, ARE RECORDED DIRECTLY TO NET PATIENT SERVICE REVENUE, (PROGRAM SERVICES REVENUE), ON THE STATEMENT OF REVENUE RATHER THAN REPORTED AS AN EXPENSE ON THE STATEMENT OF FUNCTIONAL EXPENSES.

PART III, LINE 2:

PATIENT BILLS ARE REDUCED BY PAYMENTS, CONTRACTUAL ADJUSTMENTS, CHARITY ADJUSTMENTS, AND OTHER ADJUSTMENTS AS APPLICABLE. PATIENTS ARE THEN RESPONSIBLE FOR ANY REMAINING BALANCE. IF A PATIENT DOES NOT PAY THE BALANCE OR MAKE PAYMENT ARRANGEMENTS ACCORDING TO THE COLLECTION POLICY, THE BALANCE IS WRITTEN OFF TO BAD DEBT. THE BAD DEBT EXPENSE ON SCHEDULE H, PART III, LINES 2 AND 3 ARE ESTIMATED BASED ON THE COST TO CHARGE RATIO.

Part VI Supplemental Information (Continuation)

PART III, LINE 3:

THE HOSPITAL BELIEVES THAT APPROXIMATELY 72.61% OF THE BAD DEBT EXPENSE ARE RELATED TO PATIENTS THAT WOULD BE ELIGIBLE UNDER THE HOSPITAL'S CHARITY CARE GUIDELINES HAD THE PATIENT PROVIDED THE FINANCIAL INFORMATION NECESSARY TO MAKE THE DETERMINATION. THIS PERCENTAGE IS BASED ON RUNNING CREDIT CHECKS ON A SAMPLE OF ACCOUNTS THAT WERE BEING SENT TO BAD DEBTS.

PART III, LINE 4:

THE ORGANIZATIONS AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE THAT DISCUSSES BAD DEBT EXPENSE. THE ORGANIZATION RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. AS A RESULT OF ADOPTING ASU 2014 09, THE HOSPITAL AND THE CLINICS CONTINUE TO MAINTAIN AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS RELATED TO PERFORMANCE OBLIGATIONS SATISFIED PRIOR TO JULY 1, 2019. ANY PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN 2025 AND 2024 WERE CONSIDERED TO BE IMPLICIT PRICE CONCESSIONS AND ARE RECORDED DIRECTLY TO NET PATIENT SERVICE REVENUE, (PROGRAM SERVICES REVENUE), ON THE STATEMENT OF REVENUE RATHER THAN REPORTED AS AN EXPENSE ON THE STATEMENT OF FUNCTIONAL EXPENSES.

PART III, LINE 8:

THE COSTING METHODOLOGY FOR MEDICARE ALLOWABLE COST IS DERIVED FROM FY25 MEDICARE COST REPORT. THE HOSPITAL BELIEVES THAT ALL THE MEDICARE SHORTFALLS SHOULD BE TREATED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE PATIENTS AND THE HOSPITAL CONTINUES PROVIDING CARE TO THE MEDICARE BENEFICIARIES REGARDLESS OF THE SHORTFALL. BY ABSORBING THE MEDICARE SHORTFALL, THE HOSPITAL THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES.

PART III, LINE 9B:

THE HOSPITAL WILL PLACE A PATIENT'S ACCOUNT ON HOLD WHEN A PATIENT'S ACCOUNT IS BEING CONSIDERED FOR CHARITY. ONCE A DETERMINATION HAS BEEN MADE THAT A PATIENT QUALIFIES FOR CHARITY CARE, THE PATIENT'S ACCOUNT IS REDUCED BY THE CHARITY AMOUNT GRANTED AND A LETTER IS SENT TO THE PATIENT NOTING THE CHARITY ADJUSTMENT. THE PATIENT MAY APPEAL THE DECISION IF HE/SHE BELIEVES THERE IS ADDITIONAL INFORMATION THAT SHOULD HAVE BEEN CONSIDERED OR THE FINANCIAL SITUATION HAS CHANGED. THE PATIENT IS RESPONSIBLE FOR ANY BALANCE REMAINING AFTER THE CHARITY ADJUSTMENT, IF ANY, AND THE COLLECTION PROCESS WILL CONTINUE IN THE NORMAL PROCESS.

PART VI, LINE 2:

IN 2023-2024, THE HOSPITAL PARTICIPATED IN A COLLABORATIVE PROCESS FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF THE KING COUNTY HOSPITALS FOR A HEALTHIER COMMUNITY (HHC). HHC IS A COLLABORATIVE OF ALL 10 HOSPITALS AND HEALTH SYSTEMS IN KING COUNTY AND PUBLIC HEALTH-SEATTLE & KING COUNTY. THE HHC'S VISION IS TO PARTICIPATE IN A COLLABORATIVE APPROACH THAT IDENTIFIES COMMUNITY NEEDS, ASSETS, RESOURCES, AND STRATEGIES TOWARD ASSURING BETTER HEALTH AND HEALTH EQUITY FOR ALL KING COUNTY RESIDENTS. THIS SHARED APPROACH AVOIDS DUPLICATION AND FOCUSES AVAILABLE RESOURCES ON A COMMUNITY'S MOST IMPORTANT HEALTH NEEDS. HHC RECOGNIZES THAT PARTNERSHIPS BETWEEN HOSPITALS, PUBLIC HEALTH, COMMUNITY ORGANIZATIONS AND

Part VI Supplemental Information (Continuation)

COMMUNITIES ARE KEY TO SUCCESSFUL STRATEGIES TO ADDRESS COMMON HEALTH NEEDS.

DATA ANALYSES WERE CONDUCTED AT THE MOST LOCAL LEVEL POSSIBLE FOR THE MEDICAL CENTER'S PRIMARY SERVICE AREA, GIVEN THE AVAILABILITY OF THE DATA. IN SOME CASES, DATA WERE ONLY AVAILABLE AT THE COUNTY LEVEL.

SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AND ANALYZED THROUGH A REVIEW OF THE SECONDARY HEALTH DATA PRIOR TO THE INTERVIEWS. HEALTH NEEDS WERE IDENTIFIED USING THE SIZE OF THE PROBLEM (RELATIVE PORTION OF POPULATION AFFLICTED BY THE PROBLEM) AND THE SERIOUSNESS OF THE PROBLEM (IMPACT AT INDIVIDUAL, FAMILY, AND COMMUNITY LEVELS). TO DETERMINE SIZE OR SERIOUSNESS OF THE PROBLEM, THE HEALTH NEED INDICATORS WERE MEASURED AGAINST BENCHMARK DATA (COUNTY RATES, STATE RATES AND/OR HEALTHY PEOPLE 2030 OBJECTIVES). INDICATORS RELATED TO THE HEALTH NEEDS THAT PERFORMED POORLY AGAINST ONE OR MORE OF THESE BENCHMARKS MET THE CRITERION TO BE CONSIDERED. SECONDARY DATA WAS COLLECTED FROM A VARIETY OF LOCAL, COUNTY AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, BIRTH INDICATORS, LEADING CAUSES OF DEATH, ACCESS TO CARE, CHRONIC DISEASE, COMMUNICABLE DISEASE, HEALTH BEHAVIORS, SOCIAL ISSUES AND SCHOOL AND STUDENT CHARACTERISTICS. WHEN AVAILABLE, THESE DATA SETS WERE PRESENTED IN THE CONTEXT OF KING COUNTY AND WASHINGTON, FRAMING THE SCOPE OF AN ISSUE AS IT RELATES TO THE BROADER COMMUNITY.

IN ADDITION, THE HOSPITAL CONDUCTED TARGETED INTERVIEWS TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL. THE REPORT INCLUDES BENCHMARK COMPARISON DATA, COMPARING THE HOSPITAL COMMUNITY DATA FINDINGS WITH HEALTH PEOPLE 2030 OBJECTIVES.

PART VI, LINE 3:

INFORMATION ABOUT ASSISTANCE PROGRAMS STARTS AT THE POINT OF REGISTRATION. PLACARDS DESCRIBING THE FINANCIAL ASSISTANCE PROGRAMS ARE AT ALL ADMITTING REGISTRATION DESKS. FINANCIAL ASSISTANCE CAN TAKE THE FORM OF ASSISTANCE IN QUALIFYING FOR MEDICAID, CHARITY, OR PROMPT PAY DISCOUNTS. FINANCIAL COUNSELORS ARE AVAILABLE TO DISCUSS THE FINANCIAL ARRANGEMENTS FOR ALL PATIENTS AND THEY DISCUSS THE FINANCIAL ASSISTANCE PROGRAM. THE FINANCIAL COUNSELORS WILL ALSO ASSIST PATIENTS IN COMPLETING THE HOSPITAL'S CHARITY CARE APPLICATION IF THE PATIENT BRINGS IN INFORMATION AND NEEDS HELP COMPLETING THE APPLICATION. THE HOSPITAL ENGAGES AN OUTSIDE COMPANY TO ASSIST PATIENTS WITH APPLYING FOR MEDICAID. GENERAL INFORMATION ABOUT THE ASSISTANCE PROGRAMS IS THEN INCLUDED AS PART OF EACH PATIENT STATEMENT THAT IS SENT TO A PATIENT AND INCLUDES THE PHONE NUMBER OF THE PATIENT FINANCIAL SERVICES DEPARTMENT TO CALL FOR ASSISTANCE. IN ADDITION, AS PART OF THE ACCOUNT FOLLOW UP, PATIENT FINANCIAL SERVICE REPRESENTATIVES WILL CALL PATIENTS AFTER THEIR SECOND STATEMENT AND WILL DISCUSS PATIENT FINANCIAL ASSISTANCE AS PART OF THE CALL. OVERLAKE'S CHARITY CARE POLICY IS POSTED ON THE WASHINGTON STATE DEPARTMENT OF HEALTH'S WEBSITE AND ON THE HOSPITAL'S WEBSITE AND KEY AREAS ADVISING THE PATIENTS.

PART VI, LINE 4:

THE SERVICE AREA FOR OVERLAKE IS DIVIDED INTO TWO MARKETS - LOCAL AND OUTLYING - WITH THE LOCAL MARKET DIVIDED INTO FIVE SERVICE AREAS (BELLEVUE, EAST, ISSAQUAH/SAMMAMISH, REDMOND/KIRKLAND, AND SW) AND THE OUTLYING MARKET DIVIDED INTO TWO SERVICE AREAS (NORTH AND SOUTH). AT THE TIME OF THE MEASUREMENT PERIOD, THE POPULATION OF THE OVERLAKE SERVICE

Part VI Supplemental Information (Continuation)

AREA WAS 977,461. CHILDREN AND YOUTH, AGES 0-19, MAKE UP 25.2% OF THE POPULATION, 62.0% ARE ADULTS, AGES 20-64, AND 12.8% OF THE POPULATION ARE SENIORS, AGES 65 AND OVER. MOST OF THE POPULATION IN THE SERVICE AREA IDENTIFIES AS WHITE OR CAUCASIAN RESIDENTS (59.7%). 23.6% OF THE POPULATION ARE ASIAN RESIDENTS, 7.7% OF THE POPULATION IS HISPANIC OR LATINO RESIDENTS, 5.6% OF INDIVIDUALS IDENTIFY AS MULTIRACIAL (TWO-OR-MORE RACES) AND 2.6% OF THE POPULATION ARE BLACK OR AFRICAN AMERICAN RESIDENTS. NATIVE HAWAIIAN OR PACIFIC ISLANDER RESIDENTS ARE 0.3% OF THE POPULATION, AMERICAN INDIAN OR ALASKAN NATIVE RESIDENTS ARE 0.2% OF THE POPULATION, AND THOSE WHO ARE OF A RACE/ETHNICITY NOT LISTED REPRESENT 0.2% OF THE POPULATION.

POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL POVERTY POPULATION STATISTICS AND ARE UPDATED EVERY THREE YEARS BY THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT. AMONG THE RESIDENTS IN THE SERVICE AREA, 5.5% ARE AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL) AND 11.7% ARE AT 200% OF FPL OR BELOW. 95.9% OF THE POPULATION IN THE OVERLAKE SERVICE AREA HAS HEALTH INSURANCE. 98.1% OF CHILDREN, AGES 18 AND YOUNGER, HAVE HEALTH INSURANCE COVERAGE.

PART VI, LINE 5:

THE HOSPITAL STAFF PARTICIPATES IN THE COUNTY WIDE DISASTER PREPAREDNESS GROUP AND IS THE BACK UP TO HARBORVIEW MEDICAL CENTER. THE HOSPITAL HAS AN OPEN MEDICAL STAFF MODEL. THE HOSPITAL OPERATES AN ACTIVE SCREENING PROGRAM IN WHICH WE OFFER FREE HEALTH SCREENINGS AT LEAST FOUR TIMES ANNUALLY AT COMMUNITY EVENTS. SCREENING RESULTS AND FREE COUNSELING ARE PROVIDED AT THE EVENTS. THOSE WHO NEED TO SEE A PHYSICIAN ARE GIVEN A LIST OF PROVIDERS, INCLUDING COMMUNITY MEDICAL CLINICS. THE HOSPITAL PRESENTED HEALTH EDUCATION SESSIONS AVAILABLE TO AREA RESIDENTS FREE OF CHARGE. THE EDUCATIONAL SESSIONS FOCUSED ON TOPICS INCLUDING MEDICARE ENROLLMENT, MENTAL HEALTH, WOMEN'S HEALTH, STROKE CARE, ADVANCE CARE PLANNING, DIABETES, NUTRITION, WEIGHT LOSS, SENIOR YOGA, PREGNANCY AND INFANT CARE, SAFETY TRAINING, AND CPR. SUPPORT GROUPS LIKE STROKE SUPPORT GROUP, GRIEF SUPPORT GROUP, APHASIA SUPPORT GROUP, TEEN RESILIENCE & THRIVING SUPPORT GROUP, BALANCE AFTER BABY SUPPORT GROUP WERE PROVIDED EMOTIONAL SUPPORT AND IMPORTANT EDUCATIONAL INFORMATION FOR INDIVIDUALS, THEIR FAMILIES, AND CAREGIVERS.

PART VI, LINE 6:

OVERLAKE MEDICAL CENTER & CLINICS ("OVERLAKE") IS A NONPROFIT HEALTHCARE SYSTEM BASED IN BELLEVUE, WASHINGTON, SERVING THE COMMUNITY SINCE 1960. IN 2024, OVERLAKE JOINED THE MULTICARE HEALTH SYSTEM ("MULTICARE") FAMILY OF HOSPITALS & CLINICS. MULTICARE IS A WASHINGTON NOT-FOR-PROFIT CORPORATION AND ORGANIZED AS A TAX-EXEMPT ENTITY UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE OF 1986. THE HEALTHCARE ORGANIZATION HAS APPROXIMATELY 25,000 TEAM MEMBERS, INCLUDING EMPLOYEES, PROVIDERS AND VOLUNTEERS.

MULTICARE'S ROOTS IN THE PACIFIC NORTHWEST GO BACK TO 1882, WITH THE FOUNDING OF TACOMA'S FIRST HOSPITAL. OVER THE YEARS, MULTICARE HAS GROWN FROM A TACOMA-CENTRIC, HOSPITAL-BASED ORGANIZATION INTO THE LARGEST, COMMUNITY-BASED, LOCALLY GOVERNED HEALTH SYSTEM IN THE STATE OF WASHINGTON.

TODAY, ITS' COMPREHENSIVE SYSTEM OF HEALTH INCLUDES MORE THAN 700 PRIMARY, URGENT, PEDIATRIC AND SPECIALTY CARE LOCATIONS ACROSS WASHINGTON, IDAHO

Part VI Supplemental Information (Continuation)

AND OREGON, AS WELL AS 13 HOSPITALS, THREE FOUNDATIONS AND SEVERAL AFFILIATES. MULTICARE'S COMPREHENSIVE SYSTEM OF HEALTH INCLUDES PRIMARY CARE, URGENT CARE AND SPECIALTY SERVICES - INCLUDING MULTICARE INDIGO URGENT CARE, MULTICARE ROCKWOOD CLINIC, AND YAKIMA VALLEY MEMORIAL'S MULTIPLE CLINICS LOCATIONS, MAKING MULTICARE THE LARGEST MULTISPECIALTY CLINIC SYSTEM IN THE INLAND AND CENTRAL NORTHWEST REGION. SPECIALTY SERVICES INCLUDE LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, LEVEL IV NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY LEVEL I TRAUMA REHABILITATION CENTER AND AN INTERNATIONALLY RENOWNED THERAPY UNIT FOR CHILDREN WITH SPECIAL NEEDS.

MULTICARE ALSO INCLUDES HIGHLY SPECIALIZED AFFILIATED ENTITIES, SUCH AS CHVI PULSE HEART INSTITUTE, SPECIALIZED IN THE TREATMENT AND RESEARCH OF THE HEART, AND MULTICARE REHABILITATION SPECIALISTS P.C. AND OLYMPIC SPORTS AND SPINE, LLC, ENTITIES FOCUSED FOR DELIVERING ACCESSIBLE AND AFFORDABLE PHYSICAL AND REHABILITATION THERAPY SERVICES, INDIGO IDAHO LLC, TO SERVE NORTHERN IDAHO'S GROWING POPULATION.

IN 2022 MULTICARE EXPANDED IN IDAHO AND OREGON WITH THE CREATION OF INDIGO IDAHO, LLC A PARTNERSHIP WITH KOOTENAI HEALTHCARE SYSTEM AND TWO CHVI-PULSE CLINICS IN OREGON.

THROUGH ITS AFFILIATIONS WITH NAVOS (2017) AND GREATER LAKES MENTAL HEALTHCARE (2018) MULTICARE IS THE LARGEST BEHAVIORAL HEALTH PROVIDER IN WASHINGTON STATE. IN 2019 MULTICARE HEALTH SYSTEM IN PARTNERSHIP WITH CHI FRANCISCAN HEALTH OPENED WELLFOUND BEHAVIORAL HEALTH HOSPITAL, A NOT-FOR-PROFIT MENTAL HEALTH HOSPITAL IN TACOMA, WASHINGTON, FURTHER ADDRESSING THE NEED FOR MENTAL HEALTH AND WELLBEING IN THE COMMUNITY. SINCE THEN, WELLFOUND HAS CREATED AN IMPLEMENTATION STRATEGY TO ADDRESS ITS COMMUNITY IN THE AREAS OF ACCESS TO CARE, SUICIDE, DRUG AND ALCOHOL USE, AND DEPRESSION. MULTICARE'S AFFILIATION WITH THESE ORGANIZATIONS ALLOWS TO BETTER PROVIDE ESSENTIAL BEHAVIORAL HEALTH SERVICES AND CONNECT OUR PATIENTS TO ESSENTIAL COMMUNITY RESOURCES.

MULTICARE HEALTH SYSTEM'S NETWORK OF CARE INCLUDES 13 HOSPITALS SUCH AS: MULTICARE TACOMA GENERAL AND ALLENMORE HOSPITAL IN TACOMA, MULTICARE AUBURN AND COVINGTON MEDICAL CENTERS IN SOUTH KING COUNTY, MULTICARE GOOD SAMARITAN HOSPITAL IN PUYALLUP, MULTICARE CAPITAL MEDICAL CENTER IN OLYMPIA, MULTICARE DEACONESS AND VALLEY HOSPITALS IN SPOKANE AND SPOKANE VALLEY, MARY BRIDGE CHILDREN'S HOSPITAL SPECIALIZED IN CHILDREN'S CARE, NAVOS IN SEATTLE AND WELLFOUND IN TACOMA ARE HOSPITALS SPECIALIZED IN BEHAVIORAL HEALTH AND NOT THE LAST BUT THE LATEST AFFILIATIONS, MULTICARE YAKIMA VALLEY MEMORIAL HOSPITAL, OVERLAKE HOSPITAL MEDICAL CENTER.

IN 2023 MULTICARE AFFILIATED WITH YAKIMA VALLEY MEMORIAL HOSPITAL ASSOCIATION SERVING CENTRAL WASHINGTON'S YAKIMA VALLEY THIS WAY. MULTICARE YAKIMA MEMORIAL IS A 238-BED ACUTE-CARE, NOT-FOR-PROFIT HOSPITAL THAT HAS SERVED CENTRAL WASHINGTON'S YAKIMA VALLEY SINCE 1950. THE MEMORIAL FOUNDATION IS THE FUNDRAISING DIVISION OF THE YAKIMA VALLEY HEALTH SYSTEM AND IS NOW ALSO AFFILIATED WITH THE MULTICARE HEALTH SYSTEM.

THE 2023 AND 2024 AFFILIATIONS ARE AN EXCEPTIONAL MILESTONE FOR THE MULTICARE ORGANIZATION WHO IS LOOKING TO BECOME THE PACIFIC NORTHWEST'S HIGHEST VALUE SYSTEM OF HEALTH.

WITHOUT A DOUBT, MULTICARE AS AN ORGANIZATION HAS CHANGED OVER THE YEARS BUT WHAT HAS NEVER CHANGED, THROUGHOUT ITS' LONG HISTORY, IT HAS BEEN ITS'

Part VI Supplemental Information (Continuation)

DEDICATION TO THE HEALTH AND WELLNESS OF THE PEOPLE OF THE PACIFIC NORTHWEST. GUIDED BY ITS' MISSION, VISION, AND VALUES, MULTICARE IS ON A CONTINUOUS JOURNEY TO DELIVER THE SERVICES THAT ITS' COMMUNITIES NEED, AND TO ENSURE ACCESS TO THOSE SERVICES, NOW AND IN THE FUTURE. MULTICARE'S AFFILIATION WITH THESE ORGANIZATIONS ALLOWS US TO BETTER PROVIDE ESSENTIAL COMPREHENSIVE HEALTH SERVICES AND CONNECT WITH ITS' PATIENTS TO ESSENTIAL COMMUNITY RESOURCES.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

WA

PART VI, LINE 7:

AS MANDATED BY THE WASHINGTON STATE DEPARTMENT OF HEALTH, A 501(C)(3) HOSPITAL IS FEDERALLY REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT, ADOPT A COMMUNITY BENEFIT IMPLEMENTATION STRATEGY AND SUBSEQUENTLY MAKE THE REPORTS WIDELY AVAILABLE TO THE PUBLIC. OVERLAKE MEDICAL CENTER & CLINICS COMPLIES WITH THIS REQUIREMENT AND MAKES BOTH ITS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGY AVAILABLE ON ITS WEBSITE. BOTH ARE SUBMITTED TO THE DEPARTMENT OF HEALTH.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **OVERLAKE MEDICAL CENTER & CLINICS** Employer identification number **91-0652651**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OVERLAKE HOSPITAL FOUNDATION 1035 116TH AVE. NE BELLEVUE, WA 98004	91-1050325	501(C)(3)	2,634,664.	0.			SUPPORT OPERATIONS
BELLEVUE LIFESPRING PO BOX 50172 BELLEVUE, WA 98015	91-0658331	501(C)(3)	7,500.	0.			SPONSOR
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 98015	91-1080997	501(C)(3)	25,000.	0.			SPONSOR
CANCER LIFELINE 6522 FREMONT AVE. N. SEATTLE, WA 98103	91-6182951	501(C)(3)	10,000.	0.			SPONSOR
LAKE WASHINGTON SCHOOLS FOUNDATION PO BOX 83 REDMOND, WA 98073	27-2087950	501(C)(3)	30,000.	0.			SPONSOR
LIFEWIRE PO BOX 6398 BELLEVUE, WA 98008	91-6183158	501(C)(3)	7,500.	0.			SPONSOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14.

3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY'S PLACE SEATTLE PO BOX 1711 SEATTLE, WA 98111	91-2106510	501(C)(3)	10,000.	0.			SPONSOR
MEDIC ONE FOUNDATION 11747 NE 1ST STREET, STE 310 BELLEVUE, WA 98005	85-1407007	501(C)(3)	15,000.	0.			SPONSOR
NAMI EASTSIDE 16307 NE 83RD ST STE 203 REDMOND, WA 98052	45-4084539	501(C)(3)	30,000.	0.			SPONSOR
SEATTLE OUT & PROUD FOUNDATION 600 1ST AVE SUITE 300D SEATTLE, WA 98104	91-1508791	501(C)(3)	8,000.	0.			SPONSOR
THE SOPHIA WAY 1100 BELLEVUE WAY NE, #8A-110 BELLEVUE, WA 98004	94-3214597	501(C)(3)	10,000.	0.			SPONSOR
TOGETHER CENTER 16305 NE 87TH ST, SUITE 110 REDMOND, WA 98052	91-0849093	501(C)(3)	15,000.	0.			SPONSOR
WASHINGTON POISON CENTER 155 NE 100TH STREET, SUITE 100 SEATTLE, WA 98125	94-3214597	501(C)(3)	15,000.	0.			SPONSOR
YOUTH EASTSIDE SERVICES 999 164TH AVE NE BELLEVUE, WA 98008	91-0849093	501(C)(3)	15,000.	0.			SPONSOR

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

OVERLAKE MEDICAL CENTER & CLINICS PERFORM THE RECORD KEEPING FOR OVERLAKE HOSPITAL FOUNDATION AND MONITORS ITS OPERATING EXPENSES AS PART OF THE MONTHLY FINANCIAL REVIEW PROCESS. THE GRANTS ARE REIMBURSEMENT FOR EXPENSES ALREADY INCURRED.

GRANTS TO SPONSOR EVENTS OF NON PROFIT ORGANIZATIONS ARE NOT MONITORED BEYOND VERIFYING THAT THE EVENT OCCURRED.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) J MICHAEL MARSH PRESIDENT & CEO THRU 01/25	(i)	1,027,502.	457,663.	116,981.	129,008.	22,515.	1,753,669.	107,374.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAHEER GANDHAVADI CARDIOLOGIST	(i)	1,205,769.	281,609.	7,519.	17,250.	32,952.	1,545,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLIOT MIN NEUROSURGEON	(i)	753,931.	425,945.	6,751.	10,350.	32,841.	1,229,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEREK RODRIGUES CARDIOLOGIST	(i)	915,445.	206,123.	20,636.	24,150.	24,280.	1,190,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASIF KHAN NEUROSURGEON	(i)	578,821.	460,000.	6,859.	17,250.	32,887.	1,095,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID W NELSON CARDIAC SURGEON	(i)	907,240.	77,911.	15,067.	24,150.	32,436.	1,056,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELAN R. KOENIG OC PHYSICIAN EXECUTIVE	(i)	534,057.	202,312.	39,502.	76,264.	22,118.	874,253.	34,198.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHELLE CURRY CHIEF NURSING OFFICER	(i)	352,316.	121,166.	118,076.	48,589.	14,233.	654,380.	112,234.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SCOTT WATERS CHIEF INFORMATION OFFICER	(i)	379,665.	163,490.	1,975.	58,032.	30,196.	633,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JONATHAN DUARTE PRESIDENT & CEO FROM 01/25	(i)	369,327.	157,557.	1,503.	34,397.	30,656.	593,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VALERIE CHRUSCIEL OC CHIEF OPERATING OFFICER	(i)	323,253.	123,892.	15,760.	46,703.	21,158.	530,766.	11,940.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID J WINOKUR CHIEF ADMINISTRATIVE OFFICER	(i)	295,187.	71,521.	1,327.	37,134.	29,126.	434,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAUL ISHIZUKA INTERIM CFO FROM 03/24 TO 11/24	(i)	347,291.	0.	28,936.	16,209.	2,864.	395,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANDREW TOKAR CFO THRU 04/24	(i)	180,296.	0.	70,542.	11,453.	5,803.	268,094.	30,690.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

IN 2024, LONG TERM EXECUTIVE INCENTIVES WERE PAID TO J. MICHAEL MARSH, KELAN KOENIG, MICHELLE CURRY, SCOTT WATERS, JON DUARTE, AND VALERIE CHRUSCIEL. THE INCENTIVES WERE BASED ON MEETING CERTAIN 3 YEAR ORGANIZATIONAL PATIENT QUALITY AND SAFETY, GROWTH, AND DEI GOALS. IN 2024, ANNUAL EXECUTIVE INCENTIVES WERE PAID TO J. MICHAEL MARSH, KELAN KOENIG, MICHELLE CURRY, SCOTT WATERS, JON DUARTE, VALERIE CHRUSCIEL, AND DAVID WINOKUR. THE INCENTIVES WERE BASED ON MEETING CERTAIN ORGANIZATIONAL AND INDIVIDUAL GOALS FOR FY 2024. IN 2024, MAHEER GANDHAVADI, ELLIOT MIN, DEREK RODRIGUES, ASIF KHAN, AND DAVID NELSON RECEIVED INCENTIVES BASED ON MEETING CERTAIN INDIVIDUAL QUALITY GOALS AND MAHEER GANDHAVADI, ELLIOT MIN, DEREK RODRIGUES, AND ASIF KHAN RECEIVED INCENTIVES BASED ON MEETING PRODUCTIVITY GOALS.

PART I, LINE 4B:

J. MICHAEL MARSH PARTICIPATED IN A BENEFIT WITHIN THE EXECUTIVE BENEFIT PLAN CALLED THE CAPITAL ACCUMULATION ACCOUNT. THE CAPITAL ACCUMULATION ACCOUNT IS CLASSIFIED AS A 457(F) PLAN BY THE IRS.

THE FOLLOWING AMOUNTS REFLECT 2024 DEFERRALS: J. MICHAEL MARSH (\$112,750).

THE FOLLOWING AMOUNTS FROM THE CAPITAL ACCUMULATION ACCOUNT WERE PAID IN 2024: J. MICHAEL MARSH (\$107,374). THESE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR FORMS 990. J. MICHAEL MARSH RECEIVED REDEMPTION OF CREDITS IN THE CAPITAL ACCUMULATION ACCOUNT THAT HAD BECOME VESTED.

KELAN R. KOENIG, ANDREW J. TOKAR, JON DUARTE, MICHELLE CURRY, VALERIE CHRUSCIEL, SCOTT WATERS, AND DAVID WINOKUR ALL PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN BENEFIT. THIS IS A NONQUALIFIED PLAN SPONSORED BY OVERLAKE MEDICAL CENTER & CLINICS.

THE FOLLOWING AMOUNTS REFLECT 2024 DEFERRALS: KELAN R. KOENIG (\$52,114), JON DUARTE (\$32,280), MICHELLE CURRY (\$24,439), VALERIE CHRUSCIEL (\$22,553), SCOTT WATERS (\$33,881), DAVID WINOKUR (\$26,979).

THE FOLLOWING AMOUNTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WERE PAID IN 2024: KELAN R. KOENIG (\$34,198), ANDREW J. TOKAR (\$30,690)

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **OVERLAKE MEDICAL CENTER & CLINICS** Employer identification number **91-0652651**

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
A	WA HEALTH CARE FACILITIES	91-1108929	93978HKJ3	08/06/14	58,116,440.	REFUND PRIOR ISSUE-6/8/05		X		X		X	
B	WA HEALTH CARE FACILITIES	91-1108929	93978HUA1	12/21/17	249,215,382.	CONSTRUCT, RENOVATE FACILITY, AND REFUND PRIO		X		X		X	
C	WA HEALTH CARE FACILITIES	91-1108929	NONEAVAIL	12/14/22	50,555,000.	REFUND PRIOR ISSUE 12/21/2017		X		X		X	
D													

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	18,025,000.		64,775,000.					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	58,151,860.		256,198,001.		50,555,780.			
4	Gross proceeds in reserve funds			19,810.		40,712.			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	825,678.		1,653,471.		440,146.			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	60,425.							
10	Capital expenditures from proceeds			152,697,992.					
11	Other spent proceeds	57,265,757.		101,826,728.		50,074,921.			
12	Other unspent proceeds								
13	Year of substantial completion	2008		2021		2022			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government14 %		.42 %		.76 %		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %		%
6 Total of lines 4 and 514 %		.42 %		.76 %		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X		X			X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		9.13 %		5.91 %		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X	X			
c No rebate due?	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: WA HEALTH CARE FACILITIES

(F) DESCRIPTION OF PURPOSE:

CONSTRUCT, RENOVATE FACILITY, AND REFUND PRIOR ISSUE (4/14/10)

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: WA HEALTH CARE FACILITIES

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2015

(A) ISSUER NAME: WA HEALTH CARE FACILITIES

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2020

(A) ISSUER NAME: WA HEALTH CARE FACILITIES

DATE THE REBATE COMPUTATION WAS PERFORMED: 06/14/2023

SCHEDULE K, PART II, LINE 3:

THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO THE INVESTMENT EARNINGS.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

NOTE REGARDING THE REBATE COMPUTATIONS ON 7/01/2015 & 7/01/2020: SINCE THE BOND PROCEEDS HAVE BEEN SPENT, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

NOTE REGARDING THE REBATE COMPUTATION ON 6/14/2023: SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OVERLAKE MEDICAL CENTER & CLINICS

Employer identification number

91-0652651

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNIE HOLLENHORST	FAMILY MEMBER OF TR	10,481.	ANNIE HOLLE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANNIE HOLLENHORST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TRUSTEE ANNETTE CLARK

(D) DESCRIPTION OF TRANSACTION: ANNIE HOLLENHORST IS EMPLOYED BY

OVERLAKE MEDICAL CENTER & CLINICS

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OVERLAKE MEDICAL CENTER & CLINICS

Employer identification number

91-0652651

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY BY PROVIDING COMPREHENSIVE HOSPITAL AND OTHER HEALTHCARE AND WELLNESS RELATED SERVICES, PROVIDING EDUCATIONAL FACILITIES AND ACTIVITIES RELATED TO MEDICAL CARE, WELLNESS OR THE PROMOTION OF HEALTH, PARTICIPATE IN RESEARCH AND OTHER ACTIVITIES DESIGNED TO PROMOTE GENERAL HEALTH OF THE COMMUNITY. THE HOSPITAL'S MISSION IS TO PROVIDE COMPASSIONATE CARE FOR EVERY LIFE WE TOUCH.

FORM 990, PART I, LINE 6:

THE VOLUNTEER TRAINING SPECIALIST TRACKS THE VOLUNTEERS USED DURING THE YEAR SINCE THEY ARE REQUIRED TO GO THROUGH TRAINING BEFORE STARTING. VOLUNTEERS PROVIDED 20,831 HOURS OF SERVICE TO OVERLAKE MEDICAL CENTER & CLINICS DURING THE YEAR. VOLUNTEERS PROVIDE ASSISTANCE FOR PATIENTS AND GUESTS AT POINTS OF ENTRY WITH INFORMATION, WAY-FINDING, AND TRANSPORTATION SERVICES. IN THE NURSING UNITS, VOLUNTEERS HELP ANSWER CALL LIGHTS AND PROVIDE COMFORT TO SUPPORT AND FACILITATE THE PHYSICAL, EMOTIONAL, MENTAL AND SPIRITUAL HEALTH AND SELF-HEALING OF THE PATIENT. IN ADDITION TO THE VOLUNTEERS, THERE WERE 18 BOARD MEMBERS THAT VOLUNTEERED THEIR TIME AS BOARD MEMBERS DURING THE YEAR.

FORM 990, PART III, LINE 4A:

HOSPITAL SERVICES: OVERLAKE MEDICAL CENTER & CLINICS IS A NONPROFIT REGIONAL CENTER SERVING THE EASTERN PUGET SOUND REGION WITH MEDICAL FACILITIES IN BELLEVUE, ISSAQUAH, KIRKLAND, REDMOND, SAMMAMISH AND NEWCASTLE. FOUNDED IN 1953, TODAY OVERLAKE HOSPITAL IS A REGIONAL LEADER IN HEALTH CARE, PROVIDING ADVANCED MEDICAL SERVICES IN THE AREAS OF CARDIAC CARE, GENERAL AND SPECIALTY SURGERY, WOMEN'S SERVICES, CANCER CARE AND EMERGENCY SERVICES. THE HOSPITAL ALSO HAS A NETWORK OF NEIGHBORHOOD CLINICS IN ITS PRIMARY SERVICE AREA. THERE WERE 15,641 PATIENTS ADMITTED FOR INPATIENT MEDICAL CARE FOR A TOTAL OF 71,652 PATIENT DAYS. THERE WERE 382,908 OUTPATIENT VISITS OF WHICH 62,212 WERE FOR EMERGENCY CARE VISITS. THE HOSPITAL DELIVERED 3,657 BABIES. OVERLAKE MEDICAL CLINICS PROVIDED 516,710 VISITS.

OVERLAKE HOSPITAL EMPHASIZES THE PATIENT EXPERIENCE AS IS IN THE TOP 10% FOR "LIKELIHOOD TO RECOMMEND" IN THE NATIONAL PRESS GANEY DATABASE. LIKewise, OVERLAKE CLINICS ARE IN THE TOP 15% FOR "LIKELIHOOD TO RECOMMEND PRACTICE" AND TOP 10% IN "LIKELIHOOD TO RECOMMEND PROVIDER." OVERLAKE HOSPITAL DEMONSTRATED A COMMITMENT TO IMPROVING THE HEALTH OF THE COMMUNITY BY SUPPORTING MANY HEALTH-RELATED EVENTS, PROGRAMS, CLINICAL RESEARCH AND VARIOUS CONTRIBUTIONS THROUGHOUT THE YEAR THAT HAD A DIRECT BENEFIT TO THE COMMUNITY. THE HOSPITAL MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES. OVERLAKE PROVIDED CARE TO 6,677 PATIENTS WHO WERE UNINSURED OR UNDER INSURED AT AN ESTIMATED COST OF \$7,895,000. THE HOSPITAL PROVIDED CARE TO MEDICAID PATIENTS AT RATES BELOW THE COST OF PROVIDING SERVICES. THE PAYMENTS WERE LESS THAN THE COST BY \$22,878,000. IN KEEPING WITH THE HOSPITAL'S SPIRIT OF GIVING BACK TO THE COMMUNITY, IT PROVIDED A TOTAL OF \$8,691,000 FOR COMMUNITY BENEFIT SERVICE ACTIVITIES.

ACHIEVEMENT AWARDS RECEIVED IN 2025:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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1. RECEIVED 2025 GET WITH THE GUIDELINES HEART FAILURE: GOLDPLUS QUALITY ACHIEVEMENT AWARD.

2. RECOGNIZED BY U.S. NEWS & WORLD REPORT AS A BEST HOSPITAL FOR 2025-2026 AND EARNED "HIGH PERFORMING" RATING FOR 14 PROCEDURES AND CONDITIONS.

3. AWARDED THREE OUT OF THREE STAR RATING FROM THE SOCIETY OF THORACIC SURGEONS ("STS") AND THE AMERICAN COLLEGE OF CARDIOLOGY ("ACC") FOR ITS TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") PROGRAM.

4. NAMED ADVANCED THROMBECTOMY CAPABLE STROKE CENTER BY THE JOINT COMMISSION.

5. MULTIPLE HEALTHGRADE AWARDS INCLUDING: FIVE STAR RECIPIENT FOR CAROTID SURGERY (2023-2025), FIVE STAR RECIPIENT FOR OUTPATIENT TOTAL HIP REPLACEMENT (2023-2026), FIVE STAR RECIPIENT FOR UPPER GASTROINTESTINAL SURGERY (2022 2025), OUTPATIENT ORTHOPEDIC SURGERY EXCELLENCE AWARD (2024).

FORM 990, PART III, LINE 4C:

EDUCATION SERVICES: IN ADDITION TO THE EXCELLENT CARE WE PROVIDE OUR PATIENTS, THE HOSPITAL FIRMLY BELIEVES EDUCATION IS CRITICAL TO OVERALL WELLNESS. THE HOSPITAL REACHES OUT TO THE COMMUNITY TO ENGAGE AND EMPOWER ITS PATIENTS IN BECOMING EDUCATED HEALTHCARE CONSUMERS BY OFFERING FREE AND LOW-COST CLASSES AND SUPPORT GROUPS FOR ALL AGE GROUPS. HEALTH EDUCATION IS AN IMPORTANT PART OF PREVENTATIVE CARE. THE EDUCATION PROGRAM PROVIDED 26,274 FAMILY CONTACT HOURS OFFERING CLASSES OF A WIDE RANGE OF HEALTH RELATED TOPICS INCLUDING ADVANCED CARE PLANNING, MENTAL HEALTH, COPING SKILLS, SUICIDE PREVENTION TRAINING, WOMEN'S HEALTH, PRENATAL CARE & YOGA, NEWBORN PARENTING, TEENS & TWEEN CONVERSATIONS ABOUT GROWING UP, BABYSITTING FOR TEENS, INFANT CPR, SENIOR HEALTH, MEDICARE 101, MAINTAINING BALANCE, AND DEALING WITH CANCER, HEART DISEASE, DIABETES, WEIGHT LOSS, AND LOSS OF A LOVED ONE.

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION WERE AMENDED AND FILED ON SEPTEMBER 30, 2024 TO CHANGE THE NAME FROM OVERLAKE HOSPITAL MEDICAL CENTER TO OVERLAKE MEDICAL CENTER & CLINICS.

FURTHER AMENDMENTS INCLUDE UPDATING THE SOLE MEMBER OF THE NON-PROFIT HOSPITAL TO MULTICARE HEALTH SYSTEMS FOLLOWING THE AFFILIATION EFFECTIVE ON OCTOBER 1, 2024.

FORM 990, PART VI, SECTION A, LINE 6:

EFFECTIVE OCTOBER 1, 2024, MULTICARE HEALTH SYSTEM BECAME THE SOLE MEMBER OF OVERLAKE MEDICAL CENTER & CLINICS.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL NON-VOTING MEMBERS AND EIGHTY PERCENT (80%) OF THE VOTING MEMBERS SHALL BE NOMINATED BY THE BOARD GOVERNANCE AND HUMAN RESOURCES COMMITTEE, SUBJECT TO THE APPROVAL OF THE OVERLAKE OVERSIGHT ASSOCIATION (THE "OOA"). FOLLOWING THE END OF THE INTEGRATION PERIOD, THE APPROVAL OF OOA SHALL NO LONGER BE REQUIRED. TWENTY PERCENT (20%) OF THE VOTING MEMBERS SHALL BE NOMINATED BY MULTICARE. ALL BOARD MEMBERS SHALL BE ELECTED BY THE OVERLAKE MEDICAL CENTER & CLINICS BOARD, SUBJECT TO THE APPROVAL OF THE MULTICARE

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

MULTICARE HEALTH SYSTEM HAS THE FOLLOWING RESERVE POWERS AS THE SOLE MEMBER:

- (A) FINAL APPROVAL OF THE CORPORATION'S PROPOSED ANNUAL CAPITAL AND OPERATING BUDGETS INCLUDING ANY COMPENSATION PLANS
- (B) FINAL APPROVAL OF THE CORPORATION'S STRATEGIC PLAN AND ANY MATERIAL MODIFICATION TO THE APPROVED STRATEGIC PLAN
- (C) FINAL APPROVAL OF THE CORPORATION'S COMMUNITY BENEFIT PLAN (D) SELECTION OF THE CORPORATION'S PRESIDENT AND CEO SUBJECT TO BOARD APPROVAL DURING THE INTEGRATION PERIOD (E) REMOVAL OF THE PRESIDENT AND CEO, FOLLOWING CONSULTATION WITH THE BOARD
- (F) APPROVAL OF ANY AMENDMENT OR MODIFICATION TO THE CORPORATION'S ARTICLES OF INCORPORATION AND THESE BYLAWS, PROPOSED BY THE BOARD, PROVIDED, HOWEVER, THAT MULTICARE SHALL NOT HAVE THE RIGHT TO UNILATERALLY AMEND THE ARTICLES OF INCORPORATION OR BYLAWS
- (G) APPROVAL OF UNBUDGETED EXPENSES IN EXCESS OF THE CORPORATION'S PROPOSED ANNUAL CAPITAL AND OPERATING BUDGETS OVER TWO MILLION DOLLARS (\$2,000,000)
- (H) APPROVAL OF UNBUDGETED, NEW DEBT ISSUES IN EXCESS OF TEN MILLION DOLLARS (\$10,000,000) ANNUALLY IN THE AGGREGATE OR THAT WOULD CAUSE A VIOLATION OF ANY EXISTING BOND COVENANT
- (I) APPROVAL OF REFINANCING EXISTING CORPORATION BONDS
- (J) APPROVAL OF THE MERGER, CONSOLIDATION OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR ANY CORPORATION ASSET WITH A VALUE OF GREATER THAN TEN MILLION DOLLARS (\$10,000,000)
- (K) APPROVAL OF BOARD MEMBERS SUBJECT TO THE BOARD MEMBER NOMINATION PROCESS WHICH INCLUDES MULTICARE'S NOMINATION OF 20% OF BOARD MEMBERS
- (L) APPROVAL OF THE DISSOLUTION OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 IS REVIEWED BY THE ASSISTANT CONTROLLER AND/OR CONTROLLER, THEN REVIEWED BY THE GENERAL COUNSEL, DIRECTOR OF COMPLIANCE & RISK, PRESIDENT & CEO, AND CFO. THE OVERLAKE MEDICAL CENTER & CLINICS AUDIT AND COMPLIANCE COMMITTEE RECEIVES A PRESENTATION OF THE 990 AND THE 990 IS SENT TO THE OVERLAKE MEDICAL CENTER & CLINICS BOARD MEMBERS PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND MANAGEMENT ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

- 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY
- 2) HAS READ AND UNDERSTANDS THE POLICY
- 3) HAS AGREED TO COMPLY WITH THE POLICY.

BOARD MEMBERS AND MANAGEMENT AND ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICT OF INTEREST SITUATIONS ON THEIR ANNUAL DISCLOSURE FORM AND ON A SITUATIONAL BASIS FOR ANY SITUATION OCCURING DURING THE YEAR. DISCLOSURES ARE REVIEWED BY THE OFFICE OF COMPLIANCE AND RISK MANAGEMENT (OCRM). DISCLOSURES REQUIRING MITIGATION WILL BE HANDLED BY A MEMBER OF THE OCRM. IF THERE IS A VIOLATION OF THIS POLICY OR THERE IS A PERCEIVED OR ACTUAL CONFLICT THAT NEEDS TO BE MANAGED, THE OCRM WILL TAKE APPROPRIATE CORRECTIVE ACTION, WHICH MAY INCLUDE A CONFLICT MANAGEMENT PLAN. AT BOARD MEETINGS, MEMBERS ARE EXPECTED TO RECUSE THEMSELVES FROM VOTING ON ISSUES WHEN THERE IS A CONFLICT OF INTEREST.

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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FORM 990, PART VI, SECTION B, LINE 15:

OVERLAKE'S POLICY AND PROCESS FOR EXECUTIVE COMPENSATION IS FULLY DOCUMENTED IN THE "EXECUTIVE COMPENSATION MANUAL" WHICH WAS LAST UPDATED IN JULY 2025. THIS MANUAL DETAILS THE CHARTER OF THE COMPENSATION COMMITTEE OF THE BOARD, THE COMPENSATION PHILOSOPHY, PROCESS AND GUIDELINES IN GOVERNING EXECUTIVE COMPENSATION. COMPENSATION COMMITTEE MEMBERS ARE INDEPENDENT BOARD MEMBERS AS REQUIRED BY THE CHARTER AND BY LAWS. THE PROCESS INCLUDES AN INDEPENDENT CONSULTANT WHO WORKS DIRECTLY FOR THE COMPENSATION COMMITTEE AND REVIEW OF COMPARABLE DATA FROM EXTERNAL SOURCES. ALL COMPENSATION RELATED DECISIONS FOR THE CEO AND OTHER EXECUTIVES ARE DISCUSSED, DELIBERATED AND VOTED ON BY THE COMPENSATION COMMITTEE AND DOCUMENTED IN THE MINUTES OF THE MEETING. THE COMPENSATION AND INCENTIVE PAYMENT OF THE CEO IS REVIEWED AND APPROVED BY THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

OVERLAKE MEDICAL CENTER & CLINICS MAKES ITS DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH THE HOSPITAL'S ADMINISTRATION OFFICE. THE OVERLAKE MEDICAL CENTER & CLINICS CONSOLIDATED FINANCIAL STATEMENTS FOR FISCAL YEAR 2025 IS AVAILABLE ON THE OVERLAKE MEDICAL CENTER'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FAIR VALUE AFFILIATION ADJUSTMENT	-111,539,787.
NET ASSET TRANSFER FROM RELATED ORGANIZATION	-2,222,988.
TOTAL TO FORM 990, PART XI, LINE 9	-113,762,775.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

**Open to Public
Inspection**

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization <p align="center">OVERLAKE MEDICAL CENTER & CLINICS</p>	Employer identification number <p align="center">91-0652651</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OVERLAKE MEDICAL TOWER, LLC - 91-1984117 1135 116TH AVENUE NE BELLEVUE, WA 98004	MEDICAL OFFICE SPACE RENTAL	WASHINGTON	3,874,591.	68,434,375.	OVERLAKE MEDICAL CENTER & CLINICS
OVERLAKE MEDICAL CLINICS, LLC - 91-1932954 1035 116TH AVENUE NE BELLEVUE, WA 98004	MEDICAL CLINICS	WASHINGTON	146,897,816.	45,523,509.	OVERLAKE MEDICAL CENTER & CLINICS
OVERLAKE SURGERY CENTER, LLC - 91-1925618 1135 116TH AVENUE NE, #300 BELLEVUE, WA 98004	SURGERY CENTER	WASHINGTON	596,311.	2,233,712.	OVERLAKE MEDICAL CENTER & CLINICS

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MULTICARE HEALTH SYSTEM - 91-1352172 PO BOX 5299 TACOMA, WA 98415	HOSPITAL	WASHINGTON	501(C)(3)	LINE 3	N/A		X
OVERLAKE HOSPITAL FOUNDATION - 91-1050325 1035 116TH AVE NE BELLEVUE, WA 98004	FUNDRAISING	WASHINGTON	501(C)(3)	LINE 7	OVERLAKE MEDICAL CENTER & CLINICS	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OVERLAKE SURGERY CENTER, LLC	A	1,077,902.	CASH
(2) OVERLAKE SURGERY CENTER, LLC	D	2,000,000.	CASH
(3) OVERLAKE HOSPITAL FOUNDATION	B	2,634,664.	CASH
(4) OVERLAKE HOSPITAL FOUNDATION	C	9,145,780.	CASH
(5) OVERLAKE HOSPITAL FOUNDATION	N	149,163.	CASH
(6) OVERLAKE HOSPITAL FOUNDATION	O	192,709.	CASH

