

# 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)

# 2023

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OVERLAKE MEDICAL CENTER &amp; CLINICS</b>		<b>D</b> Employer identification number <b>91-0652651</b>
	Doing business as		<b>E</b> Telephone number <b>425-688-5000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1035 116TH AVENUE NE</b>		<b>G</b> Gross receipts \$ <b>1,331,870,470.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BELLEVUE, WA 98004</b>		
<b>F</b> Name and address of principal officer: <b>JON DUARTE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.OVERLAKEHOSPITAL.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1953** **M** State of legal domicile: **WA**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE HEALTH CARE RELATED SERVICES WHICH ARE RESPONSIVE TO THE NEEDS AND CONCERNS OF THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>4253</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>161</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>27,105,587.</b>	<b>21,054,751.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>687,379,971.</b>	<b>765,659,312.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,353,257.</b>	<b>13,179,478.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,304,787.</b>	<b>2,874,692.</b>
		<b>722,143,602.</b>	<b>802,768,233.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,678,500.</b>	<b>2,604,090.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>427,993,754.</b>	<b>480,687,386.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>336,648,833.</b>	<b>344,693,715.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>767,321,087.</b>	<b>827,985,191.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-45,177,485.</b>	<b>-25,216,958.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>933,613,010.</b>	<b>946,217,268.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>443,686,169.</b>	<b>445,064,270.</b>
	<b>489,926,841.</b>	<b>501,152,998.</b>	

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	CHRISSE YAMADA, INTERIM CFO				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MEGAN R. RYAN	MEGAN R. RYAN	04/23/25		P00737884
Firm's name <b>CLARK NUBER, PS</b>			Firm's EIN <b>91-1194016</b>		
Firm's address <b>10900 NE 4TH STREET, SUITE 1400</b> <b>BELLEVUE, WA 98004</b>			Phone no. <b>425-454-4919</b>		

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 \$ 679,365,777. including grants of \$ ) (Revenue \$ 765,532,920. ) SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 2,604,090. including grants of \$ 2,604,090. ) (Revenue \$ ) OTHER GRANTS AND ALLOCATIONS: GRANTS TO OVERLAKE HOSPITAL FOUNDATION TO COVER EXPENSES AND GRANTS TO SUPPORT OTHER COMMUNITY NONPROFIT ORGANIZATIONS.

4c (Code: ) (Expenses \$ 4,029,971. including grants of \$ ) (Revenue \$ 126,392. ) SEE SCHEDULE O.

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

4e Total program service expenses 685,999,838.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
<b>21</b> 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 rows 2a through 17 with various tax-related questions and numerical inputs.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 12		
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	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? .....	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b>	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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	X	
<b>b</b>	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? .....	X	

**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     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	45.00 8.00			X				1,155,990.	0.	149,859.
(2) DEREK RODRIGUES, MD CARDIOLOGIST	40.00 0.00					X		1,034,169.	0.	44,050.
(3) DAVID W NELSON, MD CARDIAC SURGEON	40.00 0.00					X		955,217.	0.	50,565.
(4) ASIF ALI KHAN, MD NEUROSURGEON	40.00 0.00					X		879,177.	0.	44,710.
(5) ROBERT BINFORD, MD CARDIAC SURGEON	40.00 0.00					X		868,890.	0.	50,580.
(6) SCOTT LOUIS, MD CARDIAC SURGEON	40.00 0.00					X		863,047.	0.	43,685.
(7) KELAN R KOENIG, MD OMC PHYSICIAN EXECUTIVE	60.00 0.00				X			758,327.	0.	82,746.
(8) ANDREW TOKAR CFO THRU 04/24	48.00 9.00			X				490,217.	0.	36,310.
(9) VALERIE CHRUSCIEL OC CHIEF OPERATING OFFICER	60.00 0.00				X			439,343.	0.	52,602.
(10) JON DUARTE FORMER KEY EMPLOYEE	50.00 0.00						X	362,836.	0.	52,491.
(11) MICHELLE CURRY CHIEF NURSING OFFICER	50.00 0.00				X			363,768.	0.	49,717.
(12) SCOTT WATERS CHIEF INFORMATION OFFICER	50.00 0.00				X			341,672.	0.	64,196.
(13) DAVID WINOKUR CHIEF ADMINISTRATIVE OFFICER	50.00 0.00				X			285,720.	0.	53,878.
(14) JASON THOMPSON CHAIR	6.00 2.00	X		X				0.	0.	0.
(15) TOM EVERT SECRETARY & TREASURER	3.00 0.50	X		X				0.	0.	0.
(16) PAULINE BACH TRUSTEE	1.50 3.50	X						0.	0.	0.
(17) KRISTINA BELFIORE TRUSTEE	1.50 0.10	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) ROBERT CAMPBELL TRUSTEE THRU 05/24	3.00 3.00	X						0.	0.	0.
(19) JORGE CERDA TRUSTEE THRU 12/23	1.50 1.50	X						0.	0.	0.
(20) ANNETTE CLARK TRUSTEE	2.00 2.00	X						0.	0.	0.
(21) TED HERB TRUSTEE	3.00 0.10	X						0.	0.	0.
(22) TIFFANY KOENIG TRUSTEE	2.00 0.10	X						0.	0.	0.
(23) JAMES LADD TRUSTEE	3.00 1.00	X						0.	0.	0.
(24) MARTHA LEE TRUSTEE	2.00 0.10	X						0.	0.	0.
(25) LINDA MAHAFFEY TRUSTEE	2.00 0.50	X						0.	0.	0.
(26) UMA RAGHAVAN-THURMAN TRUSTEE THRU 05/24	2.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								8,798,373.	0.	775,389.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								8,798,373.	0.	775,389.

**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 1,229

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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	
<b>5</b> 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
GLY CONSTRUCTION, INC. 100 116TH AVE SE, BELLEVUE, WA 98004	CONSTRUCTION CONTRACTOR	11,671,939.
AYA HEALTHCARE, INC., 59302 CORNERSTONE CT W. #300, SAN DIEGO, CA 92121	TEMPORARY STAFFING	10,476,997.
ABBOTT CONSTRUCTION, INC. 3408 1ST AVE S, #101, SEATTLE, WA 98134	CONSTRUCTION CONTRACTOR	6,389,922.
MAXIM HEALTHCARE STAFFING SERVICES, INC. 7227 LEE DEFOREST DR, COLUMBIA, MD 21046	TEMPORARY STAFFING	5,554,928.
PUGET SOUND PHYSICIANS, PLLC 1035 116TH AVE NE, BELLEVUE, WA 98004	EMERGENCY PHYSICIANS	4,135,097.

**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 157

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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	19,083,493.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,971,258.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 47,162.				
	<b>h Total.</b> Add lines 1a-1f .....			21,054,751.			
Program Service Revenue	<b>2 a</b> NON GOVERNMENT PAYMENT	Business Code					
		622110	467,249,174.	467,249,174.			
	<b>b</b> MEDICARE/MEDICAID	622110	284,121,911.	284,121,911.			
	<b>c</b> OTHER PROGRAM SERVICES	900099	12,450,931.	12,450,931.			
	<b>d</b> PROGRAM RELATED INV.	900099	1,605,318.	1,605,318.			
	<b>e</b> EDUCATION SERVICES	611710	126,392.	126,392.			
	<b>f</b> All other program service revenue .....	456199	105,586.	105,586.			
<b>g Total.</b> Add lines 2a-2f .....			765,659,312.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		7,574,441.			7,574,441.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				355,127.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	355,127.				
	<b>d</b> Net rental income or (loss) .....			355,127.		355,127.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				534,707,274.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	529,099,590.	2,647.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	5,607,684.	-2,647.			
<b>d</b> Net gain or (loss) .....			5,605,037.		5,605,037.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> CAFETERIA/CATERING	Business Code					
		722514	1,694,445.			1,694,445.	
	<b>b</b> PARKING REVENUE	812930	474,686.			474,686.	
	<b>c</b> PURCHASE CARD REBATES	900099	260,238.			260,238.	
	<b>d</b> All other revenue .....	900099	90,196.			90,196.	
<b>e Total.</b> Add lines 11a-11d .....			2,519,565.				
<b>12 Total revenue.</b> See instructions .....			802,768,233.	765,659,312.	0.	16,054,170.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,604,090.	2,604,090.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,321,568.	1,932,805.	2,388,763.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	81,794.	81,794.		
<b>7</b> Other salaries and wages .....	384,699,931.	342,173,954.	42,525,977.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,316,704.	16,775,553.	1,541,151.	
<b>9</b> Other employee benefits .....	47,422,852.	40,874,207.	6,548,645.	
<b>10</b> Payroll taxes .....	25,844,537.	22,789,085.	3,055,452.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,128,059.	454,979.	1,673,080.	
<b>c</b> Accounting .....	266,142.		266,142.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	450,945.		450,945.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	87,220,415.	64,212,431.	23,007,984.	
<b>12</b> Advertising and promotion .....	1,490,685.	155.	1,490,530.	
<b>13</b> Office expenses .....	11,725,762.	9,746,599.	1,979,163.	
<b>14</b> Information technology .....	21,033,612.	1,404,353.	19,629,259.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	28,032,066.	15,465,639.	12,566,427.	
<b>17</b> Travel .....	182,781.	124,803.	57,978.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	927,710.	673,126.	254,584.	
<b>20</b> Interest .....	11,177,185.	11,177,185.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	31,329,590.	21,185,523.	10,144,067.	
<b>23</b> Insurance .....	12,070,552.	2,791,451.	9,279,101.	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	111,481,430.	111,448,902.	32,528.	
<b>b</b> MEDICAID ASSESSMENT	12,705,448.	12,705,448.		
<b>c</b> B&O TAX	8,678,049.	6,175,756.	2,502,293.	
<b>d</b> LICENSE & MEMBERSHIP	1,707,990.	914,980.	793,010.	
<b>e</b> All other expenses	2,085,294.	287,020.	1,798,274.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	827,985,191.	685,999,838.	141,985,353.	0.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,745,506.	<b>1</b>	15,128,709.
	<b>2</b> Savings and temporary cash investments .....	20,736,418.	<b>2</b>	25,312,456.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	108,280,071.	<b>4</b>	115,684,330.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,575,000.	<b>7</b>	2,032,598.
	<b>8</b> Inventories for sale or use .....	15,769,866.	<b>8</b>	21,994,085.
	<b>9</b> Prepaid expenses and deferred charges .....	14,420,006.	<b>9</b>	16,656,870.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 927,535,138.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 487,157,111.	437,695,228.	<b>10c</b> 440,378,027.
	<b>11</b> Investments - publicly traded securities .....	269,363,474.	<b>11</b>	249,654,967.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,060,036.	<b>13</b>	802,107.
	<b>14</b> Intangible assets .....	1,767,682.	<b>14</b>	1,767,682.
	<b>15</b> Other assets. See Part IV, line 11 .....	49,199,723.	<b>15</b>	56,805,437.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	933,613,010.	<b>16</b>	946,217,268.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	107,093,623.	<b>17</b>	120,388,138.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	2,297,388.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....	275,689,599.	<b>20</b>	267,344,047.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	58,605,559.	<b>25</b>	57,332,085.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	443,686,169.	<b>26</b>	445,064,270.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	489,926,841.	<b>27</b>	501,152,998.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	489,926,841.	<b>32</b>	501,152,998.
<b>33</b> Total liabilities and net assets/fund balances .....	933,613,010.	<b>33</b>	946,217,268.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	802,768,233.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	827,985,191.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-25,216,958.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	489,926,841.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,948,260.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	24,494,855.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	501,152,998.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 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: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. 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. The organization qualifies as a publicly supported organization

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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			



**Schedule B**  
**(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

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

Schedule B (Form 990) (2023)

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

**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/>	\$ 11,083,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 8,000,000.	Person <input checked="" 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
---------------------------------------------------------------	--------------------------------------------------

**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 ARTIFACT & DONATED SUPPLIES _____ _____ _____	\$ 47,162.	06/30/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

**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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

**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	15,116,213.	14,493,472.	16,891,583.	13,741,651.	13,480,020.
b Contributions	261,125.	139,866.	239,515.	160,083.	270,372.
c Net investment earnings, gains, and losses	1,737,034.	1,345,654.	-1,957,644.	3,492,449.	316,445.
d Grants or scholarships					
e Other expenditures for facilities and programs	715,103.	862,779.	679,982.	502,600.	325,186.
f Administrative expenses					
g End of year balance	16,399,269.	15,116,213.	14,493,472.	16,891,583.	13,741,651.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 30.0030 %
  - b Permanent endowment 40.9160 %
  - c Term endowment 29.0810 %
- 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?
- 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		7,601,546.		7,601,546.
b Buildings		569,020,959.	214,348,037.	354,672,922.
c Leasehold improvements		4,769,334.	4,464,209.	305,125.
d Equipment		341,233,929.	268,344,865.	72,889,064.
e Other		4,909,370.		4,909,370.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				440,378,027.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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	6,710,071.
(2) WORKERS COMPENSATION RECEIVABLE	519,919.
(3) OTHER RECEIVABLES	6,008,136.
(4) OPERATING LEASE RIGHT-OF-USE	33,785,197.
(5) SAFETY NET RECEIVABLE	9,782,114.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	56,805,437.

**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	17,641,114.
(3) WORKERS COMPENSATION RESERVE	2,762,519.
(4) CAPITAL LEASE OBLIGATION	36,790,130.
(5) TENANT DEPOSITS	138,322.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	57,332,085.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> OVERLAKE MEDICAL CENTER & CLINICS	<b>Employer identification number</b> 91-0652651
----------------------------------------------------------------------	-----------------------------------------------------

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy 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		
<b>3</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5,761,428.		5,761,428.	.70%
<b>b</b> Medicaid (from Worksheet 3, column a)			77,938,608.	42,658,548.	35,280,060.	4.26%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			83,700,036.	42,658,548.	41,041,488.	4.96%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,722,184.	167,697.	1,554,487.	.19%
<b>f</b> Health professions education (from Worksheet 5)			1,993,995.		1,993,995.	.24%
<b>g</b> Subsidized health services (from Worksheet 6)			1,745,736.	1,436,988.	308,748.	.04%
<b>h</b> Research (from Worksheet 7)			4,559.		4,559.	.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			331,987.		331,987.	.04%
<b>j Total.</b> Other Benefits			5,798,461.	1,604,685.	4,193,776.	.51%
<b>k Total.</b> Add lines 7d and 7j			89,498,497.	44,263,233.	45,235,264.	5.47%





**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
<b>Community Health Needs Assessment</b>		
<b>1</b> 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
<b>2</b> 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
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 24</u>		
<b>5</b> 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	
<b>6a</b> 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>b</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	
<b>7</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>OVERLAKEHOSPITAL.ORG/ABOUT/COMMUNITY-BENEFIT</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 24</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>OVERLAKEHOSPITAL.ORG/ABOUT/COMMUNITY-BENEFIT</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> 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.		
<b>12a</b> 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>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> 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 financial assistance policy that:			
<b>13</b>	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:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....		X
<b>15</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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><b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	X	
<p><b>18</b> 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><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) 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>b</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><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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 financial assistance policy? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	X	
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**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
<p><b>22</b> 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:</p> <p><b>a</b> <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</p> <p><b>b</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</p> <p><b>c</b> <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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>		<b>23</b>	X
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>		<b>24</b>	X

**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

**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.

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

ADDRESS THIS HEALTH NEED: SUPPORT OUTREACH ACTIVITIES WITH SOUTH ASIAN AND

**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.

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,

**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.

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, SECTION B, LINE 13H: EXCEPTIONS TO THE WASHINGTON STATE RESIDENCY

**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.

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? 31

Name and address	Type of facility (describe)
1 OMC-CARDIOLOGY BELLEVUE 1135 116TH AVE NE STE 600 BELLEVUE, WA 98004	CARDIOLOGY
2 OMC-HOSPITALISTS/PALLIATIVE CARE/PSYC 1035 116TH AVE NE BELLEVUE, WA 98004	HOSPITALIST, PALLIATIVE CARE, PSYCHIATRY
3 OMC-PULM/PRIMARY CARE 1231 116TH AVE NE STE 400 BELLEVUE, WA 98004	PULM/PRIMARY CARE
4 OMC-ISSAQUAH PRIMARY & URGENT CARE 5708 E LK SAMMAMISH PKWY SE STE 100 ISSAQUAH, WA 98029	PRIMARY/URGENT CARE
5 OMC-OB-GYN PAVILION 1231 116TH AVE NE STE 950 BELLEVUE, WA 98004	OB-GYN
6 OMC-NEUROLOGY/NEUROSURGERY 1135 116TH AVE NE STE 500 BELLEVUE, WA 98004	NEUROLOGY/NEUROSURGERY/NEUROHOS PITAL
7 OMC-OB-GYN BELLEGROVE 1200 112H AVE NE BELLEVUE, WA 98004	OB-GYN BELLEGROVE
8 OMC-BARIATRIC SURGERY/ACUTE CARE/DERM 1231 116TH AVE NE STE 515 BELLEVUE, WA 98004	BARIATRIC/ACUTE CARE/DERMATOLOGY
9 OMC-DOWNTOWN BELLEVUE PRIMARY, URGENT 10223 NE 10TH ST. BELLEVUE, WA 98004	PRIMARY/URGENT CARE
10 OMC-NEWCASTLE PRIMARY & URGENT CARE 13167 NEWCASTLE COMMONS DR NEWCASTLE, WA 98059	PRIMARY/URGENT CARE

Schedule H (Form 990) 2023

**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? 31

Name and address	Type of facility (describe)
11 OMC-CANCER CENTER 1135 116TH AVE NE STE 200 BELLEVUE, WA 98004	BREAST SURGERY/GYNECOLOGY/RADIATION ONCOLOGY
12 OMC-REDMOND URGENT CARE 17209 REDMOND WAY REDMOND, WA 98052	URGENT CARE
13 OMC-UROLOGY-BELLEVUE 1135 116TH AVE NE STE 620 BELLEVUE, WA 98004	UROLOGY
14 OMC-INTERNAL MEDICINE ASSOCIATES 1407 116TH AVENUE NE, STE 200 BELLEVUE, WA 98004	INTERNAL MEDICINE
15 OMC-MUSCULOSKELETAL MED ISSAQUAH 1740 NW MAPLE ST STE 111 ISSAQUAH, WA 98027	MUSCULOSKELETAL MEDICINE
16 OMC-CARDIACHTHORACIC SURGERY 1135 116TH AVE NE STE 605 BELLEVUE, WA 98004	CARDIACHTHORACIC SURGERY
17 OMC-REDMOND PRIMARY CARE & RADIOLOGY 17181 REDMOND WAY STE A03 REDMOND, WA 98052	PRIMARY CARE/CARDIOLOGY
18 OMC-SLEEP MEDICINE 1100 112TH AVE NE STE 320 BELLEVUE, WA 98004	SLEEP MEDICINE
19 OMC-LAKE HILLS PRIMARY & URGENT CARE 619 156TH AVE SE BELLEVUE, WA 98007	PRIMARY/URGENT CARE
20 OMC-OP REHAB SVCS 1417 116TH AVE NE STE 110 BELLEVUE, WA 98004	PHYSICAL/OCCUPATIONAL/SPEECH THERAPY

Schedule H (Form 990) 2023

**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? 31

Name and address	Type of facility (describe)
21 OMC-KIRKLAND PRIMARY CARE 290 CENTRAL WAY KIRKLAND, WA 98033	PRIMARY CARE
22 OMC-SENIOR HEALTH CLNC/ACC/NUTRITION 1750 112TH AVE NE STE A101-A103 BELLEVUE, WA 98004	SENIOR SERVICES/ACC
23 OMC-SPECIALTY SVCS ISSAQUAH 1740 NW MAPLE STE 207 ISSAQUAH, WA 98027	MULTI SPECIALTY SVCS
24 OMC-MUSCULOSKELETAL BELLEVUE 1035 116TH AVE NE STE 510 BELLEVUE, WA 98004	MUSCULOSKELETAL, NEUROPSYCH
25 OMC-CONCIERGE SERVICES 1135 116TH AVE NE STE 550 BELLEVUE, WA 98004	CONCIERGE SERVICES
26 OMC-COLORECTAL SURGERY 1231 116TH AVE NE STE 555 BELLEVUE, WA 98004	COLORECTAL SURGERY
27 OMC-ENDOCRINOLOGY 1135 116TH AVE NE STE 450 BELLEVUE, WA 98004	ENDOCRINOLOGY
28 OMC-SAMMAMISH PRIMARY 22630 SE 4TH ST STE 300 SAMMAMISH, WA 98074	PRIMARY CARE
29 OMC-UROLOGY KIRKLAND 13126 120TH AVE NE KIRKLAND, WA 98034	UROLOGY
30 OMC-PELVIC HEALTH 1135 116TH AVE NE STE 420 BELLEVUE, WA 98004	PELVIC HEALTH

Schedule H (Form 990) 2023



**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 financial assistance policy.
- 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

**Part VI** Supplemental Information (Continuation)

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 2024 AND 2023 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 III, LINE 3:

THE HOSPITAL BELIEVES THAT APPROXIMATELY 67.29% 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 VI** Supplemental Information (Continuation)

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 2024 AND 2023 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 THE FY24 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

**Part VI** Supplemental Information (Continuation)

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  
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

**Part VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

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  
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,

**Part VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

CAREGIVERS.

PART VI, LINE 6:

DURING FY24, OVERLAKE MEDICAL CENTER & CLINICS WAS NOT PART OF AN  
AFFILIATED HEALTH CARE SYSTEM.

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)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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)	2,390,208.	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)	15,000.	0.			SPONSOR
CANCER LIFELINE 6522 FREMONT AVE. N. SEATTLE, WA 98103	91-6182951	501(C)(3)	10,000.	0.			SPONSOR
GREATER ISSAQUAH CHAMBER OF COMMERCE - 155 GILMAN BLV - ISSAQUAH, WA 98027	91-6056410	501(C)(6)	12,000.	0.			SPONSOR
HOPELINK 8990 154TH AVE NE REDMOND, WA 98052	91-0982116	501(C)(3)	15,000.	0.			SPONSOR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 13.
- 3 Enter total number of other organizations listed in the line 1 table ..... 1.

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

Schedule I (Form 990) 2023

**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
LAKE WASHINGTON SCHOOLS FOUNDATION PO BOX 83 REDMOND, WA 98073	55-0891792	501(C)(3)	15,000.	0.			SPONSOR
LIFEWIRE PO BOX 6398 BELLEVUE, WA 98008	91-1190193	501(C)(3)	7,500.	0.			SPONSOR
MEDIC ONE FOUNDATION 11747 NE 1ST STREET, STE 310 BELLEVUE, WA 98005	91-6183158	501(C)(3)	15,000.	0.			SPONSOR
NAMI EASTSIDE 16307 NE 83RD ST STE 203 REDMOND, WA 98052	91-2106510	501(C)(3)	25,000.	0.			SPONSOR
SOPHIA WAY, THE 1100 BELLEVUE WAY NE, #8A-110 BELLEVUE, WA 98004	45-4084539	501(C)(3)	10,000.	0.			SPONSOR
TOGETHER CENTER 16305 NE 87TH ST, SUITE 110 REDMOND, WA 98052	91-1508791	501(C)(3)	10,000.	0.			SPONSOR
WASHINGTON POISON CENTER 155 NE 100TH STREET, SUITE 100 SEATTLE, WA 98125	94-3214597	501(C)(3)	11,549.	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)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

OVERLAKE MEDICAL CENTER & CLINICS

Employer identification number

91-0652651

**Part I Questions Regarding Compensation**

**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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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 .....

**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? .....

**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"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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	(i)	979,055.	65,067.	111,868.	130,474.	19,385.	1,305,849.	102,261.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEREK RODRIGUES, MD CARDIOLOGIST	(i)	813,889.	200,125.	20,155.	23,100.	20,950.	1,078,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID W NELSON, MD CARDIAC SURGEON	(i)	886,102.	53,673.	15,442.	23,100.	27,465.	1,005,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ASIF ALI KHAN, MD NEUROSURGEON	(i)	579,602.	292,716.	6,859.	16,500.	28,210.	923,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT BINFORD, MD CARDIAC SURGEON	(i)	799,150.	53,673.	16,067.	23,100.	27,480.	919,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCOTT LOUIS, MD CARDIAC SURGEON	(i)	802,961.	53,673.	6,413.	16,500.	27,185.	906,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELAN R KOENIG, MD OMC PHYSICIAN EXECUTIVE	(i)	505,991.	34,200.	218,136.	57,298.	25,448.	841,073.	212,832.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW TOKAR CFO THRU 04/24	(i)	456,772.	30,400.	3,045.	23,100.	13,210.	526,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VALERIE CHRUSCIEL OC CHIEF OPERATING OFFICER	(i)	301,559.	20,467.	117,317.	35,041.	17,561.	491,945.	108,727.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JON DUARTE FORMER KEY EMPLOYEE	(i)	338,677.	22,733.	1,426.	26,915.	25,576.	415,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHELLE CURRY CHIEF NURSING OFFICER	(i)	335,925.	22,267.	5,576.	37,297.	12,420.	413,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SCOTT WATERS CHIEF INFORMATION OFFICER	(i)	339,844.	0.	1,828.	39,480.	24,716.	405,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID WINOKUR CHIEF ADMINISTRATIVE OFFICER	(i)	278,953.	0.	6,767.	29,938.	23,940.	339,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 2023, EXECUTIVE INCENTIVES WERE PAID TO J. MICHAEL MARSH, KELAN KOENIG,

ANDREW TOKAR, VALERIE CHRUSCIEL, JON DUARTE, AND MICHELLE CURRY. THE

INCENTIVES WERE BASED ON MEETING CERTAIN 3 YEAR ORGANIZATIONAL PATIENT

QUALITY AND SAFETY GOALS. IN 2023, DEREK RODRIGUES, DAVID NELSON, ASIF

KHAN, ROBERT BINFORD, AND SCOTT LOUIS RECEIVED INCENTIVES BASED ON MEETING

CERTAIN INDIVIDUAL QUALITY GOALS AND 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 2023 DEFERRALS: J. MICHAEL MARSH

(\$107,374).

THE FOLLOWING AMOUNTS FROM THE CAPITAL ACCUMULATION ACCOUNT WERE PAID

IN 2023: J. MICHAEL MARSH (\$102,261). THESE AMOUNTS WERE REPORTED AS

**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.

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 2023 DEFERRALS: KELAN R. KOENIG

(\$34,198), JON DUARTE (\$17,242), MICHELLE CURRY (\$14,196), VALERIE

CHRUSCIEL (\$11,940), SCOTT WATERS (\$16,380), DAVID WINOKUR (\$24,360).

THE FOLLOWING AMOUNTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

WERE PAID IN 2023: KELAN R. KOENIG (\$212,832), VALERIE CHRUSCIEL

(\$108,727).

**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](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>A</b>	WA HEALTH CARE FACILITIES	91-1108929	93978HKJ3	08/06/14	58,116,440.	REFUND PRIOR ISSUE-6/8/05		X		X		X	
<b>B</b>	WA HEALTH CARE FACILITIES	91-1108929	93978HUA1	12/21/17	249,215,382.	CONSTRUCT, RENOVATE FACILITY, AND REFUND PRIO		X		X		X	
<b>C</b>	WA HEALTH CARE FACILITIES	91-1108929	NONEAVAIL	12/14/22	50,555,000.	REFUND PRIOR ISSUE 12/21/2017		X		X		X	
<b>D</b>													

Part II	Proceeds								
		A		B		C		D	
<b>1</b>	Amount of bonds retired .....	16,285,000.		59,345,000.					
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	58,151,860.		256,198,001.		50,555,780.			
<b>4</b>	Gross proceeds in reserve funds .....								
<b>5</b>	Capitalized interest from proceeds .....			19,810.		40,712.			
<b>6</b>	Proceeds in refunding escrows .....								
<b>7</b>	Issuance costs from proceeds .....	825,678.		1,653,471.		440,146.			
<b>8</b>	Credit enhancement from proceeds .....								
<b>9</b>	Working capital expenditures from proceeds .....	60,425.							
<b>10</b>	Capital expenditures from proceeds .....			152,697,992.					
<b>11</b>	Other spent proceeds .....	57,265,757.		101,826,728.		50,074,921.			
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2008		2021		2022			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	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			
<b>15</b>	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		
<b>16</b>	Has the final allocation of proceeds been made? .....	X		X		X			
<b>17</b>	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.

<b>Part III Private Business Use</b>								
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> 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		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X		X			
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> 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? ...								
<b>4</b> 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 government .....		.14 %		.42 %		.76 %		%
<b>5</b> 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 government .....		.00 %		.00 %		.00 %		%
<b>6</b> Total of lines 4 and 5 .....		.14 %		.42 %		.76 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		2.98 %		3.42 %		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....		X		X				
<b>9</b> 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			

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

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

**Transactions With Interested Persons**

OMB No. 1545-0047

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.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>OVERLAKE MEDICAL CENTER &amp; CLINICS</b>	Employer identification number <b>91-0652651</b>
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**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)													
<b>Total</b> .....							\$						

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) 2023

**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) DARSHANA SHANBHAG	FAMILY MEMBER OF TR	60,491.	DARSHANA SH		X
(2) ANNIE HOLLENHORST	FAMILY MEMBER OF TR	21,303.	ANNIE HOLLE		X
(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: DARSHANA SHANBHAG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TRUSTEE DILIP WAGLE

(D) DESCRIPTION OF TRANSACTION: DARSHANA SHANBHAG IS EMPLOYED BY

OVERLAKE MEDICAL CENTER & CLINICS

(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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

OVERLAKE MEDICAL CENTER & CLINICS

Employer identification number

91-0652651

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts	X	1	44,000.	FAIR MARKET VALUE
25 Other ( SUPPLIES )	X	2	3,162.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023



**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 18,015 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 17 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

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

Schedule O (Form 990) 2023

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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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 15,658 PATIENTS ADMITTED FOR INPATIENT MEDICAL CARE FOR A TOTAL OF 74,091 PATIENT DAYS. THERE WERE 344,425 OUTPATIENT VISITS OF WHICH 60,057 WERE FOR EMERGENCY CARE VISITS. THE HOSPITAL DELIVERED 3,587 BABIES. OVERLAKE MEDICAL CLINICS PROVIDED 487,302 VISITS.

OVERLAKE HOSPITAL EMPHASIZES THE PATIENT EXPERIENCE AS IS IN THE TOP 10% FOR "LIKELIHOOD TO RECOMMEND" IN THE PRESS GANEY NATIONAL 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 HOSPITAL PROVIDED CARE TO 6,620 PATIENTS WHO WERE UNINSURED OR UNDER INSURED AT AN ESTIMATED COST OF \$5,761,000. THE HOSPITAL PROVIDED CARE TO MEDICAID PATIENTS AT RATES BELOW THE COST OF PROVIDING SERVICES. THE PAYMENTS WERE LESS THAN THE COST BY \$35,280,000. IN KEEPING WITH THE HOSPITAL'S SPIRIT OF GIVING BACK TO THE COMMUNITY, IT PROVIDED A TOTAL OF \$10,001,000 FOR COMMUNITY BENEFIT SERVICE ACTIVITIES.

ACHIEVEMENT AWARDS RECEIVED IN 2024:

1. LEAPFROG GROUP AGAIN AWARDED OVERLAKE HOSPITAL AN 'A' GRADE FOR PATIENT SAFETY. OVERLAKE MEDICAL CENTER & CLINICS RECEIVED AN "A"

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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HOSPITAL SAFETY GRADE FROM THE LEAPFROG GROUP FOR FALL 2023. THIS WAS

OVERLAKE'S 20TH "A" RATING IN THE LAST 24 RATING CYCLES. THIS NATIONAL

DISTINCTION RECOGNIZES OVERLAKE'S DEDICATION TO PROTECTING HOSPITAL

PATIENTS FROM PREVENTABLE HARM AND ERRORS.

2. OVERLAKE HOSPITAL AND CLINIC AGAIN EARNED SPECIALTY EXCELLENCE

AWARDS FROM HEALTH GRADES FOR SUPERIOR SERVICE TO THE EASTSIDE

COMMUNITY EXCELLENCE AWARD IN ORTHOPEDIC SURGERY, 5-STAR RECOGNITIONS

BIATRIC SURGERY (2023-2024), CAROTID PROCEDURES, CRANIAL

NEUROSURGERY, HYSTERECTOMY (2023), BACK AND NECK SURGERY, TOTAL HIP

REPLACEMENT, UPPER GASTROINTESTINAL SURGERY.

3. U.S. NEWS & WORLD REPORT RECOGNIZED OVERLAKE HOSPITAL AS A HIGH

PERFORMING HOSPITAL FOR MATERNITY. AND AS A BEST REGIONAL HOSPITAL IN

THE SEATTLE METRO IN 16 TYPES OF CARE.

4. PREMIER BLUE CROSS AND BLUE SHIELD AWARDED OVERLAKE HOSPITAL WITH

THE BLUE DISTINCTION CENTER AWARD AND A DESIGNATION FOR CARDIAC CARE

(2023).

5. BECKER'S HOSPITAL REVIEW NAMED OVERLAKE AS THE TOP RECOMMENDED

HOSPITAL, GREAT COMMUNITY HOSPITAL LEADING IN OUTPATIENT JOINT

REPLACEMENT AND 150+ TOP PLACES TO WORK IN HEALTHCARE.

6. OVERLAKE MEDICAL CENTER & CLINICS ACHIEVED THE TOP NATIONAL

ORTHOPEDIC STANDARD FOR THE 5TH YEAR IN A ROW AS STAR PERFORMER FROM

THE AMERICAN ORTHOPAEDIC ASSOCIATION'S (AOA) OWN THE BONE (2023-2024).

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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7. OVERLAKE RECEIVED ACCREDITATION FROM METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM.

8. OVERLAKE WAS A 2023 HURON AWARD WINNER-EXCELLENCE IN HEALTHCARE.

9. AMERICAN HEART ASSOCIATION AWARDED OVERLAKE HOSPITAL WITH GOLD PLUS FOR STROKE AND HEART FAILURE INCLUDING HONOR ROLL IN HEART FAILURE AND TYPE 2 DIABITIES (2023).

10. CRIBS FOR KIDS CERTIFIED OVERLAKE HOSPITAL AS A SAFE SLEEP HOSPITAL-HELPING EVERY BABY SLEEP SAFER.

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 26,600 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, NEWBORN PARENTING, TEENS & TWEEN CONVERSATIONS ABOUT GROWING UP, BABYSITTING FOR TEENS, INFANT CPR, BASIC STOPPING THE BLEED, SENIOR HEALTH, MEDICARE 101, MAINTAINING BALANCE, AND DEALING WITH CANCER, HEART DISEASE, DIABETES, WEIGHT LOSS, AND LOSS OF A LOVED ONE.

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION WERE AMENDED TO REFLECT THE MERGER OF  
OVERLAKE HOSPITAL ASSOCIATION AND OVERLAKE MEDICAL CENTER & CLINICS  
(FORMERLY OVERLAKE HOSPITAL MEDICAL CENTER) EFFECTIVE JUNE 17, 2024. THE  
ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED SUBSEQUENT TO YEAR END  
FOR THE NAME CHANGE OF THE ORGANIZATION.

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

OVERLAKE HOSPITAL ASSOCIATION HAS THE RIGHT TO APPOINT AND REMOVE OVERLAKE  
MEDICAL CENTER & CLINICS (FORMERLY OVERLAKE HOSPITAL MEDICAL CENTER)  
TRUSTEES BEFORE THE EFFECTIVE MERGER DATE OF JUNE 17, 2024.

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

OVERLAKE HOSPITAL ASSOCIATION HAS THE RIGHT TO APPOINT AND REMOVE OVERLAKE  
MEDICAL CENTER & CLINICS (FORMERLY OVERLAKE HOSPITAL MEDICAL CENTER)  
TRUSTEES THROUGH 6/16/24 WHEN IT MERGED INTO OVERLAKE HOSPITAL MEDICAL  
CENTER.

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

OVERLAKE HOSPITAL ASSOCIATION MUST APPROVE (THROUGH 06/16/24):

(A) ANY SALE OR LEASE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE  
CORPORATION;

(B) ANY INCREASED INDEBTEDNESS EXCEEDING FIVE PERCENT OF THE GROSS PATIENT  
SERVICE REVENUE DURING A FISCAL YEAR OF THE CORPORATION;

(C) THE ANNUAL BUDGET OF THE CORPORATION AND ANY MATERIAL AMENDMENTS  
THERE TO;

(D) THE AUDITORS OF THE CORPORATION; AND

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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(E) ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS 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 ON A HIGH LEVEL BY THE PRESIDENT & CEO, CFO, AND CHIEF COMPLIANCE & RISK OFFICER. 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 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 OCTOBER 2023. 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:

THE ORGANIZATION 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 ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## OTHER FEES FOR SERVICE:

PROGRAM SERVICE EXPENSES	64,212,431.
MANAGEMENT AND GENERAL EXPENSES	23,007,984.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	87,220,415.

Name of the organization OVERLAKE MEDICAL CENTER & CLINICS	Employer identification number 91-0652651
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 87,220,415.

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

CHANGE IN RELATED ORGANIZATION INVESTMENT -1,826,467.

NET ASSET TRANSFER FROM RELATED ORGANIZATION 26,321,322.

TOTAL TO FORM 990, PART XI, LINE 9 24,494,855.

**SCHEDULE R  
(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <p align="center">OVERLAKE MEDICAL CENTER &amp; 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	111,456.	22,667,155.	OVERLAKE MEDICAL CENTER & CLINICS
OVERLAKE MEDICAL CLINICS, LLC - 91-1932954 1035 116TH AVENUE NE BELLEVUE, WA 98004	MEDICAL CLINICS	WASHINGTON	127,768,383.	53,431,067.	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
OVERLAKE HOSPITAL FOUNDATION - 91-1050325 1035 116TH AVE NE BELLEVUE, WA 98004	FUNDRAISING	WASHINGTON	501(C)(3)	7 - 509(A)(1)	OVERLAKE MEDICAL CENTER & CLINICS	X	
OVERLAKE HOSPITAL ASSOCIATION - 91-1274134 1035 116TH AVE NE BELLEVUE, WA 98004	PROVIDE SUPPORT	WASHINGTON	501(C)(3)	12B - TYPE II	N/A	X	

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

Schedule R (Form 990) 2023



**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 HOSPITAL FOUNDATION	B	2,390,208.	CASH
(2) OVERLAKE HOSPITAL FOUNDATION	C	11,083,493.	CASH & FMV
(3) OVERLAKE HOSPITAL FOUNDATION	N	165,158.	CASH
(4) OVERLAKE HOSPITAL FOUNDATION	O	115,844.	CASH
(5) OVERLAKE HOSPITAL ASSOCIATION	A	7,240,704.	CASH
(6) OVERLAKE HOSPITAL ASSOCIATION	C	8,000,000.	CASH

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) OVERLAKE HOSPITAL ASSOCIATION	O	158,357.	CASH
(8) OVERLAKE HOSPITAL ASSOCIATION	Q	379,597.	CASH
(9) OVERLAKE HOSPITAL ASSOCIATION	S	26,321,322.	CASH
(10) OVERLAKE SURGERY CENTER, LLC	D	2,032,598.	CASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			







**OVERLAKE HOSPITAL MEDICAL CENTER**  
dba Overlake Medical Center & Clinics

Consolidated Financial Statements  
and Consolidating Information

June 30, 2024 and 2023

(With Independent Auditors' Report Thereon)

**OVERLAKE HOSPITAL MEDICAL CENTER**  
dba Overlake Medical Center & Clinics

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## Independent Auditors' Report

The Board of Directors  
Overlake Hospital Medical Center:

### Report on the Audit of the Consolidated Financial Statements

#### *Opinion*

We have audited the consolidated financial statements of Overlake Hospital Medical Center and its subsidiaries (the Medical Center), which comprise the consolidated balance sheets as of June 30, 2024 and 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Medical Center as of June 30, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

#### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Medical Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

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

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

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

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



In performing an audit in accordance with GAAS, we:

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

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

*Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The Supplementary Information in the Consolidating Schedules 1, 2, 3, and 4 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*KPMG LLP*

Seattle, Washington  
October 23, 2024

**OVERLAKE HOSPITAL MEDICAL CENTER**

dba Overlake Medical Center &amp; Clinics

## Consolidated Balance Sheets

June 30, 2024 and 2023

(In thousands)

<b>Assets</b>	<b>2024</b>	<b>2023</b>
Current assets:		
Cash and cash equivalents	\$ 15,673	15,976
Receivables, net	115,226	107,868
Current portion of pledges receivable	1,459	1,541
Current portion of assets whose use is limited	12,314	12,165
Supplies inventory	22,187	15,965
Prepaid expenses	16,758	14,562
Other current assets	20,926	13,313
Total current assets	<u>204,543</u>	<u>181,390</u>
Assets whose use is limited:		
Restricted by donors	12,504	13,590
Management designated	4,920	4,609
Funds held under bond indenture and collateral agreements	12,314	12,165
Less current portion	<u>(12,314)</u>	<u>(12,165)</u>
Total assets whose use is limited, net of current portion	<u>17,424</u>	<u>18,199</u>
Investments	262,654	278,569
Long-term portion of pledges receivable, net	3,193	2,302
Other long-term receivables, net	5,399	5,762
Land, buildings, and equipment, net	441,813	461,191
Operating lease right-of-use assets, net	33,965	37,547
Other assets:		
Investments in joint ventures	6,697	5,129
Other assets	<u>1,768</u>	<u>1,768</u>
Total other assets	<u>8,465</u>	<u>6,897</u>
Total assets	<u>\$ 977,456</u>	<u>991,857</u>

**OVERLAKE HOSPITAL MEDICAL CENTER**

dba Overlake Medical Center &amp; Clinics

## Consolidated Balance Sheets

June 30, 2024 and 2023

(In thousands)

<b>Liabilities and Net Assets</b>	<b>2024</b>	<b>2023</b>
Current liabilities:		
Accounts payable	\$ 34,220	29,869
Accrued liabilities	80,231	68,952
Accrued interest payable	5,086	5,282
Payable to third-party agencies	8,499	11,769
Current portion of long-term debt	7,170	6,815
Current portion of operating lease right-of-use liabilities	8,670	7,287
Total current liabilities	143,876	129,974
Long-term debt, net of current portion	260,174	268,875
Long-term operating lease right-of-use liabilities, net of current portion	28,327	33,402
Other long-term liabilities	21,566	19,435
Total liabilities	453,943	451,686
Net assets:		
Without donor restrictions	506,535	523,018
With donor restrictions	16,978	17,153
Total net assets	523,513	540,171
Total liabilities and net assets	\$ 977,456	991,857

See accompanying notes to consolidated financial statements.

**OVERLAKE HOSPITAL MEDICAL CENTER**

dba Overlake Medical Center &amp; Clinics

## Consolidated Statements of Operations and Changes in Net Assets

Years ended June 30, 2024 and 2023

(In thousands)

	<u>2024</u>	<u>2023</u>
Operating revenue:		
Net patient service revenue	\$ 751,371	675,123
Other operating revenue	25,821	23,914
Contribution revenue	7,460	12,600
Net operating revenue	<u>784,652</u>	<u>711,637</u>
Operating expenses:		
Salaries	391,643	344,769
Registry	23,932	34,646
Employee benefits	92,867	86,828
Supplies	122,520	116,351
Purchased services	90,466	80,566
Interest and amortization	12,681	13,547
Depreciation and amortization	32,810	33,428
Rent, leases, and utilities	19,473	17,076
Hospital taxes and assessments	18,874	18,107
Marketing, insurance, and other	24,823	22,825
Total operating expenses	<u>830,089</u>	<u>768,143</u>
Deficit of revenue over expenses from operations	<u>(45,437)</u>	<u>(56,506)</u>
Nonoperating revenue (expense), net:		
Investment income (expense)	25,217	23,178
Revenue from nonoperating affiliates	156	165
Total nonoperating revenue (expense), net	<u>25,373</u>	<u>23,343</u>
Deficit of revenue over expenses	<u>(20,064)</u>	<u>(33,163)</u>
Other changes in net assets without donor restrictions:		
Net assets released for capital acquisitions	3,084	5,447
Other	497	656
Decrease in net assets without donor restrictions	<u>(16,483)</u>	<u>(27,060)</u>
Changes in net assets with donor restrictions:		
Contributions	2,198	3,240
Investment income	1,115	837
Change in net unrealized gains on investments	93	103
Net assets released from restrictions	(3,581)	(6,055)
Decrease in net assets with donor restrictions	<u>(175)</u>	<u>(1,875)</u>
Decrease in net assets	<u>(16,658)</u>	<u>(28,935)</u>
Net assets, beginning of year	<u>540,171</u>	<u>569,106</u>
Net assets, end of year	<u>\$ 523,513</u>	<u>540,171</u>

See accompanying notes to consolidated financial statements.

**OVERLAKE HOSPITAL MEDICAL CENTER**  
 dba Overlake Medical Center & Clinics  
 Consolidated Statements of Cash Flows  
 Years ended June 30, 2024 and 2023  
 (In thousands)

	<b>2024</b>	<b>2023</b>
Cash flows from operating activities:		
Change in net assets	\$ (16,658)	(28,935)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	31,279	31,785
Loss on disposal of land, buildings and equipment	3	3
Restricted contributions received for capital and permanently restricted purposes	(2,570)	(3,604)
Net realized and unrealized gains on investments and assets whose use is limited	(16,856)	(13,356)
Equity gains from joint ventures	(1,568)	(683)
Change in right-of-use assets and lease liabilities	(110)	(59)
Changes in operating assets and liabilities:		
(Increase) decrease in:		
Receivables, net	(7,358)	1,446
Pledges receivable	(809)	667
Supplies inventory	(6,222)	(1,491)
Prepaid expenses	(2,196)	(1,631)
Other current assets	(7,613)	(2,289)
Other long-term receivables	363	505
Increase (decrease) in:		
Accounts payable	4,949	(1,175)
Accrued liabilities	11,279	(8,079)
Accrued interest payable	(196)	38
Payable to third-party agencies	(3,270)	520
Medicare advanced funding	—	(6,955)
Other long-term liabilities	2,131	1,097
Net cash used in operating activities	(15,422)	(32,196)
Cash flows from investing activities:		
Purchase of land, buildings, and equipment	(14,033)	(46,563)
Proceeds from sale of investments and assets whose use is limited	551,797	808,046
Purchase of investments and assets whose use is limited	(520,466)	(693,449)
Net cash provided by investing activities	17,298	68,034
Cash flows from financing activities:		
Restricted contributions received for capital and permanently restricted purposes	2,570	3,604
Borrowing on line of credit	10,500	6,000
Principal payments on line of credit borrowing	(10,500)	(41,000)
Principal payments on long-term debt	(6,815)	(6,503)
Proceeds from issuance of new debt	—	50,555
Refunding of old debt from new debt	—	(50,000)
Financing fees paid	—	(448)
Net cash used in financing activities	(4,245)	(37,792)
Net decrease in cash, cash equivalents, and restricted cash	(2,369)	(1,954)
Cash, cash equivalents, and restricted cash, beginning of year	18,887	20,841
Cash, cash equivalents, and restricted cash, end of year	\$ 16,518	18,887
Supplemental disclosures of cash flow information:		
Cash paid for interest, net of amounts capitalized	\$ 12,876	13,509
Purchase of land, buildings, and equipment included in accounts payable	354	953

See accompanying notes to consolidated financial statements.

**OVERLAKE HOSPITAL MEDICAL CENTER**  
dba Overlake Medical Center & Clinics

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

(Dollars in thousands)

**(1) Description of Organization and Summary of Significant Accounting Policies**

**(a) Organization**

Overlake Hospital Medical Center (the Medical Center) is a 501(c)(3) not-for-profit corporation located in Bellevue, Washington. The Medical Center's primary service area is from Bothell to Black Diamond and from the Cascade Mountains to Lake Washington, including Mercer Island. The Medical Center provides inpatient, outpatient, and emergency care services.

The Medical Center is affiliated with other healthcare related organizations including the following:

Overlake Medical Clinics, LLC (the Clinics) was formed to establish, own, and operate primary care clinics and other outpatient healthcare clinics. The Medical Center is the sole member of the Clinics.

Overlake Hospital Foundation (the Foundation) is a 501(c)(3) not-for-profit corporation. The purpose of the Foundation is to: (a) receive grants, bequests, donations, and contributions on behalf of; (b) provide fund-raising and other support to; and (c) make contributions to the Medical Center and its related tax-exempt corporations. The Foundation is controlled by the Medical Center.

Overlake Hospital Association (the Association) is a 501(c)(3) not-for-profit corporation located in Bellevue, Washington. The purpose of the Association is to promote and conduct health-related activities through its affiliation with other health-related organizations. Prior to June 17, 2024, the Association was the sole member of the Medical Center. On June 17, 2024, the Medical Center and the Association filed Articles of Merger to consummate the planned merger of the Association with and into its subsidiary, the Medical Center.

Overlake Medical Tower LLC (the Medical Tower) was formed to acquire, own, develop, and operate a medical office building and garage complex on the Medical Center's campus. The Association was the sole member of the Medical Tower until June 16, 2024. The Medical Center became the sole member of the Medical Tower on June 17, 2024.

Overlake Surgery Center LLC (the Surgery Center) is a limited liability company organized as a multi-specialty surgery center. In August 2021, the Medical Center became the majority owner of the Surgery Center.

The consolidated financial statements of the Medical Center include the accounts of the Medical Center and all of the above listed affiliates.

**(b) Basis of Presentation**

The consolidated financial statements prepared in accordance with U.S. generally accepted accounting principles include the accounts of the Medical Center and its affiliates. All significant intercompany transactions between the Medical Center and its affiliates have been eliminated in consolidation.

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(Dollars in thousands)

**(c) Use of Estimates**

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Significant items subject to such estimates include the provision for implicit and explicit price concessions, fair value of financial instruments, reserves for employee benefit obligations, and self-insurance reserves for professional liability and workers' compensation.

**(d) Cash and Cash Equivalents**

The Medical Center maintains cash on deposit at financial institutions, which at times exceed the limits insured by the Federal Deposit Insurance Corporation. This exposes the Medical Center to potential risk of loss in the event the financial institution becomes insolvent.

Cash and cash equivalents and restricted cash presented within assets whose use is limited, restricted by donors for the years ending June 30, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
Cash and cash equivalents	\$ 15,673	15,976
Restricted cash presented within assets whose use is limited, restricted by donors	845	2,911
Total cash and cash equivalents and restricted cash	\$ 16,518	18,887

**(e) Pledges Receivable**

Pledges of financial support are recorded at fair value by the Medical Center when a donor's unconditional promise to give has sufficient definition with respect to the amount and planned timing of the donation. Conditional promises to give and intentions to give are reported at fair value at the earlier of when the contingency is met or the date the gift is received. An allowance for uncollectible pledges is recorded based on an estimated percentage of pledges that may not be collectible based on historical experience. The Medical Center anticipates collection of net pledges receivable over the next one to ten years. Pledges over \$250 not scheduled to be collected within one year are discounted using a discount factor based upon an estimate of the risk factor and duration of each pledge.

**(f) Assets Whose Use is Limited**

Certain assets of the Medical Center are held in trust under indenture agreements, are restricted by donor stipulations, or are management designated. Assets that have been management designated are subject to change in the future. These assets consist primarily of cash, accrued interest, money market funds, bond mutual funds, and equity mutual funds, and are recorded at fair value.

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June 30, 2024 and 2023

(Dollars in thousands)

**(g) Investments**

Investments consist primarily of cash, accrued interest, money market funds, bond mutual funds, government bonds and notes, corporate bonds, mortgage backed securities, equity mutual funds, hedge funds and private equity, and are recorded at fair value. The estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value is the net asset value (NAV) per share provided by fund administrators. Investments are classified as trading with unrealized gains and losses included in current earnings as nonoperating revenue (expense), net.

**(h) Liquidity**

Cash and cash equivalents, accounts receivable, current pledge receivables, and other current assets are the primary liquid resources available to the Medical Center. Of total current assets, \$149,421 and \$135,064 for the years ended June 30, 2024 and 2023, respectively, are available to meet cash needs for general expenditures within the next year. Although intended to satisfy long-term obligations and capital needs, \$249,311 and \$271,488 of investments for the years ended June 30, 2024 and 2023, respectively, could be utilized to meet cash needs for general expenditures within a year if needed.

**(i) Land, Buildings, and Equipment**

Land, buildings, and equipment acquisitions with a useful life of at least two years are recorded at cost. Improvements and replacements of buildings and equipment are capitalized; maintenance and repairs are expensed. The cost of land, buildings, and equipment sold or retired and the related accumulated depreciation are removed from the records and any resulting gain or loss is recorded. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets or lease term if shorter.

The fair value of a long-lived asset may change due to a number of factors such as a significant decrease in the market price of a long-lived asset, a significant adverse change in the manner in which the asset is used, a significant adverse change in legal factors or the business climate that could affect the value of the asset, or a change in expected useful life due to changes regarding obsolescence, planned replacement, or disposal. When management becomes aware of a situation that causes the fair value of a long-lived asset to be lower than the book value, management records an impairment and revises the estimated useful life as needed.

**(j) Deferred Financing Costs**

The Medical Center defers the costs of obtaining financing and amortizes these costs over the term of the related debt using the effective-interest method. Deferred financing costs are included in long-term debt.

**(k) Net Assets**

Net assets without donor restrictions are available for unrestricted use by the Medical Center and are reported as net assets without donor restrictions

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June 30, 2024 and 2023

(Dollars in thousands)

Net assets with donor restrictions are those whose use by the Medical Center have been limited by donors to a specific time period or purpose or restricted by donors to be maintained by the Medical Center in perpetuity.

**(I) Net Patient Service Revenue**

The Medical Center is paid for services to Medicare inpatients under the Prospective Payment System, which provides for reimbursement based on diagnosis-related groupings (DRGs). Such DRG payments are prospectively established and may be greater or less than the Medical Center's actual charges for its services. The majority of Medicare outpatient services are reimbursed based on ambulatory payment classifications (APCs). APC payments are prospectively established and may be greater or less than the Medical Center's actual charges for its services. Payments for Medicare outpatient laboratory services and certain therapeutic services are based on a fee schedule.

The Medical Center is paid for services provided to Medicaid inpatients under a DRG-based system. Payments for Medicaid outpatient services are reimbursed based on enhanced ambulatory payment groups (EAPGs). EAPG payments are prospectively established and may be greater or less than the Medical Center's actual charges for its services.

The Medical Center has agreements with third-party payors that provide for payments at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments, and risk sharing agreements.

Net patient service revenue is reported at the estimated transaction price the Medical Center expects to collect as a result of satisfying its performance obligations, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

For services that are paid under cost-reimbursed contractual arrangements with Medicare, the Medical Center is paid at an interim rate during the year. The difference between the interim rate and the actual reimbursement based on defined allowable costs results in a receivable from or a payable to third-party agencies.

The Medicare program's administrative procedures preclude final determination of amounts receivable from or payable to the Medicare program until after the Medical Center's annual cost reports have been audited or otherwise reviewed and settled by Medicare. The estimated settlement receivable/payable for unsettled cost reports is included in the accompanying consolidated financial statements.

Net patient service revenues are recognized at the time the services are provided to patients. Revenue is recorded in the amount which the Medical Center expects to collect. Retroactive adjustments are accrued on an estimated basis in the period the performance obligations are satisfied and adjusted in future periods as final settlements are determined. The Medical Center's net patient service revenue increased by \$6,131 and \$1,756 as a result of retroactive adjustments under reimbursement agreements with third-party payors during 2024 and 2023, respectively, which are considered variable consideration under ASU 2015-14 Revenue from Contracts with Customers (Topic 606).

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June 30, 2024 and 2023

(Dollars in thousands)

**(m) Charity Care**

The Medical Center provides service to eligible patients at reduced or no cost based upon the individual patient's financial resources. The Medical Center's policy provides for 100% charity to patients with income up to 300% of the federal poverty guidelines and from 50% to 75% charity to patients with income from 301% to 400% of the federal poverty guidelines. Records are kept to identify, approve, and monitor those costs that are incurred under the charity care policy. Because the Medical Center does not expect payment, estimated charges for charity care are not included in revenue.

**(n) Private Pay Discounts**

The Medical Center offers patients with no insurance prompt pay discounts for medically necessary services. A 50% prompt pay discount is granted for full payment within 30 days of the first billing statement. Prompt pay discounts are recorded as an adjustment to patient service charges.

**(o) Donor-Restricted Gifts**

Gifts received from or pledged by donors are reported as contributions with donor restrictions if they are received with donor stipulations that limit the use of the donated assets or contain a time restriction. When a donor restriction expires, that is, when a stipulated time restriction ends or restricted purpose is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions.

**(p) Excess (Deficit) of Revenue over Expenses**

The consolidated statements of operations and changes in net assets include excess (deficit) of revenue over expenses. Changes in net assets that are excluded from excess (deficit) of revenue over expenses include net assets released for capital acquisitions, contributions to net assets with donor restrictions, and investment income and unrealized gains (losses) from donor-designated endowments.

**(q) Federal Income Taxes**

The Medical Center is an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code (IRC) and is generally not subject to federal income taxes. However, the Medical Center is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption.

**(r) New Accounting Standards**

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-13 and in November 2019, issued ASU 2019-10, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The amendments in this update require that financial assets are measured at amortized cost basis and presented at the net amount expected to be collected. This eliminates the probable initial recognition threshold in current GAAP and, instead, reflects an entity's current estimate of all expected credit losses and broadens the information that an entity must consider in developing its expected credit loss estimate for assets measured either collectively or individually. The provisions of this ASU are effective for the Medical Center for the year

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June 30, 2024 and 2023

(Dollars in thousands)

beginning on July 1, 2023. The adoption of this ASU did not have a material impact on our financial statements.

**(2) Net Patient Service Revenue**

**(a) Disaggregation of Revenue**

The mix of net patient service revenue by payor for the years ended June 30, 2024 and 2023 is as follows:

	<b>2024</b>	<b>2023</b>
Medicare	\$ 109,264	106,188
Medicaid	5,860	5,768
Kaiser Permanente	142,537	119,502
Premera	136,995	139,122
Regence	97,931	77,864
Other third-party payors and private pay	258,784	226,679
Total	\$ 751,371	675,123

**(b) Hospital Safety Net Program**

Under the Hospital Safety Net program, Washington State nongovernmental hospitals are assessed a fee on all non-Medicare patient days, up to a maximum of fifty-four thousand days per year. This fee is collected by the state and the state uses these funds to obtain federal Medicaid matching funds. Each year, the state uses the assessment and Medicaid matching funds to make supplemental payments to Washington hospitals. The program switched retroactively from a state fiscal year to a calendar year in January 2024 after regulatory approval was received in June 2024.

Safety net revenue recognized under the program in the consolidated statements of operations is \$16,099 and \$13,688 for the years ended June 30, 2024 and 2023, respectively and is classified in net patient service revenue. Safety net expenses recognized under the program in the consolidated statements of operations are \$12,705 and \$12,221 for the years ended June 30, 2024 and 2023, respectively and are classified in hospital taxes and assessments.

Safety net revenue recorded as a receivable and included in the revenue above as of June 30, 2024 and 2023 totaled \$9,782 and \$3,603, respectively. Safety net expenses recorded as a payable and included in the expenses above as of June 30, 2024 and 2023 totaled \$3,531 and \$3,055, respectively.

**(c) Charity Care and Community Benefit**

The Medical Center provides care without charge or at reduced rates to patients who qualify for charity care according to the Medical Center's policy. The Medical Center determines the cost of charity care using a cost to charge ratio following the regulatory guidelines. Total expenses are reduced by bad debt, other operating revenue, the hospital safety net assessment, and community benefit expense and

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(Dollars in thousands)

patient charges are reduced by community benefit revenue in determining the cost to charge ratio. The ratio is then applied to the charges that were written off for charity to determine the cost of charity. For the years ended June 30, 2024 and 2023, the cost of providing charity was estimated at approximately \$5,761 and \$4,722, respectively.

The Medical Center provides care to Medicaid patients and patients with managed Medicaid benefits at rates below the cost of providing services. For the years ended June 30, 2024 and 2023, payments were less than estimated cost by approximately \$35,280 and \$34,131, respectively.

The Medical Center is also involved in an array of activities that benefit the broader community. Community education classes are offered in a wide range of health-related topics including preparing for childbirth, medication, nutrition, infant safety, mental health, yoga for seniors, family education, adult first aid, CPR, women's health, smoking cessation, weight loss, diabetes, balance, dementia, living wills, long-term care insurance, cholesterol, caregiver support, dealing with cancer, and depression. In addition to classes, the Medical Center has a cancer resource center that coordinates support groups, counseling, and provides access to the latest information on cancer at no cost. The Medical Center assists patients that need help enrolling in Medicaid. Education is part of the Medical Center's mission and is evidenced by the Medical Center's participation in several residency programs or by providing a clinical setting for college-based programs including nursing, pharmacy technicians, medical imaging technicians, respiratory therapists, and lab assistants. The Medical Center operates a senior care clinic at a loss for the benefit of the community. The Medical Center participates in a limited amount of clinical research projects. As a community member, the Medical Center participates and helps sponsor many community events in the area it serves. The estimated net unreimbursed expenditures on community benefit programs were \$10,001 and \$8,560 for the years ended June 30, 2024 and 2023, respectively.

The Medical Center works in partnership with a number of community agencies and provides volunteer support for programs and events that benefit the community. It is the Medical Center's belief that giving back to the community is an integral part of its mission.

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June 30, 2024 and 2023

(Dollars in thousands)

**(d) Concentrations of Credit Risk**

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

	<b>2024</b>	<b>2023</b>
Medicare	12 %	20 %
Medicaid	2	1
Kaiser Permanente	19	14
Premera	8	8
Regence	10	10
Other third-party payors	41	39
Private pay	8	8
Total	100 %	100 %

**(3) Assets Whose Use is Limited and Investments**

Assets whose use is limited and investments, which are stated at fair value based primarily on quoted market prices, consisting of the following as of June 30, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
<b>Assets whose use is limited:</b>		
Cash and accrued interest receivable	\$ 1,319	3,527
Money market funds	12,314	12,165
Fixed income mutual funds	5,784	5,094
Equity mutual funds	10,321	9,578
Total assets whose use is limited	\$ 29,738	30,364
<b>Investments:</b>		
Cash and accrued interest receivable	\$ 917	9,074
Money market funds	12,082	132
Fixed income mutual funds	78,418	84,992
Fixed income securities	32,374	35,928
Equity mutual funds	97,953	108,830
Commingled funds	12,984	14,225
<b>Investments measured using NAV:</b>		
Hedge funds	14,583	18,307
Private equity	13,343	7,081
Total investments	\$ 262,654	278,569

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Components of unrestricted investment income (which is included in other nonoperating revenue (expense), net) for the years ended June 30, 2024 and 2023 are as follows:

	<b>2024</b>	<b>2023</b>
Interest and dividends	\$ 9,252	9,922
Net realized gains (losses) on investments	3,977	(5,773)
Net unrealized gains on investments	11,988	19,029
Total investment income	\$ 25,217	23,178

Funds with donor restrictions investment income consisted of \$1,208 and \$838 in interest and dividends for the years ended June 30, 2024 and 2023, respectively.

**(4) Fair Value of Financial Instruments**

Generally Accepted Accounting Principles established a framework for measuring fair value that provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Accounting Standards Codification (ASC) 820-10-50, *Fair Value Measurement – Overall*, are described below:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets. At June 30, 2024 and 2023, Level 1 securities include primarily money market funds and mutual funds.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market. At June 30, 2024 and 2023, Level 2 securities include an unregistered mutual fund with a valuation based on net asset value (NAV) per share provided by the fund administrator.
- Level 3 – Valuation is generated from model-based techniques that use significant assumptions not observable in the market. These unobservable assumptions reflect the Medical Center’s estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of discounted cash flow models and similar techniques. At June 30, 2024 and 2023, there were no Level 3 securities.

Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Medical Center maximizes the use of observable inputs and minimizes the use of unobservable inputs when developing fair value measurements. Fair value measurements for assets and liabilities where there is limited or no observable market data and, therefore, are based primarily upon estimates calculated by the Medical Center, are based on the economic and competitive environment, the characteristics of the asset or liability, and other factors.

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Therefore, the results cannot be determined with precision and may not be realized upon an actual settlement of the asset or liability. There may be inherent weaknesses in any calculation technique, and changes in the underlying assumptions used, including discount rates and estimates of future cash flows, that could significantly affect the results of the current or future values.

Valuation for alternative investments is based on the net asset value (NAV) per share provided by the fund administrators.

Following is a description of valuation methods and assumptions used for assets recorded at fair value and for estimating fair value for financial instruments not recorded at fair value but required to be disclosed:

**(a) Cash and Cash Equivalents**

The carrying amounts, at cost, equal fair value.

**(b) Marketable Securities**

The tables below present the balances of assets measured at fair value on a recurring basis as of June 30, 2024 and 2023:

	2024			Fair value
	Level 1	Level 2	Level 3	
Cash and accrued interest	\$ 1,319	—	—	1,319
Money market funds	12,314	—	—	12,314
Fixed income mutual funds	5,784	—	—	5,784
Equity mutual funds	10,321	—	—	10,321
Total assets whose use is limited	<u>\$ 29,738</u>	<u>—</u>	<u>—</u>	<u>29,738</u>
Cash and accrued interest	\$ 917	—	—	917
Money market funds	12,082	—	—	12,082
Fixed income mutual funds	78,418	—	—	78,418
Fixed income securities:				
State and federal government	14,622	263	—	14,885
Corporate	—	6,896	—	6,896
Other	—	10,593	—	10,593
Equity mutual funds	97,953	—	—	97,953
Commingled equity securities	—	12,984	—	12,984
	<u>\$ 203,992</u>	<u>30,736</u>	<u>—</u>	<u>234,728</u>
Investments measured using NAV per share or its equivalent				<u>27,926</u>
Total investments				<u><u>262,654</u></u>

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	2023			
	Level 1	Level 2	Level 3	Fair value
Cash and accrued interest	\$ 3,527	—	—	3,527
Money market funds	12,165	—	—	12,165
Fixed income mutual funds	5,094	—	—	5,094
Equity mutual funds	9,578	—	—	9,578
Total assets whose use is limited	\$ 30,364	—	—	30,364
Cash and accrued interest	9,074	—	—	9,074
Money market funds	132	—	—	132
Fixed income mutual funds	84,992	—	—	84,992
Fixed income securities:				
State and federal government	15,555	299	—	15,854
Corporate	—	12,827	—	12,827
Other	—	7,247	—	7,247
Equity mutual funds	108,830	—	—	108,830
Commingled equity securities	—	14,225	—	14,225
	\$ 218,583	34,598	—	253,181
Investments measured using NAV per share or its equivalent				25,388
Total investments			\$	278,569

The Medical Center uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used for certain financial instruments is the NAV per share. The NAV per share provided by fund administrators for these financial instruments considers variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information. Management reviews the valuations and assumptions used by fund administrators to determine NAV per share for reasonableness and believes the carrying values of the related financial instruments are reasonable estimates of fair value.

The practical expedient used by the Medical Center for certain financial instruments is the NAV per share equivalent. For these financial instruments, the valuation of the transaction price is initially used as the best estimate of fair value. Accordingly, when a private equity provides a valuation, is adjusted so the value at inception equals the transaction price. The initial valuation is adjusted when changes to inputs and assumptions are corroborated by evidence, such as transactions of similar financial instruments; completed, or pending third-party transactions in the underlying security; or changes in financial results, data or cash flows. For positions that are not traded in active markets or are subject to

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notice provision, valuations are adjusted to reflect such provisions, and adjustments are generally based on available market evidence.

The Medical Center used the NAV per share or its equivalent to measure fair value of the following types of investments as of June 30, 2024 and 2023, respectively:

	<u>2024</u>	<u>2023</u>	<u>Committed</u>	<u>Unfunded</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>
Hedge funds	\$ 14,583	18,307	—	—	Bi-annually	95 days
Private equity	13,343	7,081	25,000	12,065	Event driven	—
	<u>\$ 27,926</u>	<u>25,388</u>	<u>25,000</u>	<u>12,065</u>		

**(5) Land, Buildings, and Equipment**

The Medical Center's land, buildings, and equipment accounts, and related accumulated depreciation accounts, as of June 30, 2024 and 2023 are set forth below:

	<u>2024</u>	<u>2023</u>
<b>Assets:</b>		
Land	\$ 7,601	7,601
Land improvements	4,769	4,671
Buildings and improvements	575,704	575,718
<b>Equipment:</b>		
Fixed	64,044	63,766
Movable	282,270	268,469
Construction in progress	4,909	14,466
Total land, buildings, and equipment	<u>939,297</u>	<u>934,691</u>
<b>Accumulated depreciation:</b>		
Land improvements	(4,464)	(4,400)
Buildings and improvements	(219,819)	(208,284)
<b>Equipment:</b>		
Fixed	(45,909)	(43,690)
Movable	(227,292)	(217,126)
Total accumulated depreciation	<u>(497,484)</u>	<u>(473,500)</u>
Total land, buildings, and equipment, net	<u>\$ 441,813</u>	<u>461,191</u>

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The Medical Center recorded \$32,810 and \$33,077 of depreciation expense in 2024 and 2023, respectively. The following is a summary of asset lives used for calculating depreciation:

	<b>Asset lives</b>
Land improvements	3–40 years
Buildings and improvements	3–40 years
Fixed equipment	3–30 years
Movable equipment	1–20 years

The Medical Center has outstanding construction contract commitments of \$599 and \$762 as of June 30, 2024 and 2023, respectively.

**(6) Revolving Line of Credit**

The Medical Center has a revolving line of credit of \$10,000 available as of June 30, 2024. The line of credit expires on October 31, 2024 and was reduced to \$5,000 available as of October 1, 2024. The balance outstanding was \$0 as of June 30, 2024 and 2023.

**(7) Financing**

**(a) Long-Term Debt**

Long-term debt, as of June 30, 2024 and 2023, is as follows:

	<b>2024</b>	<b>2023</b>
Revenue bonds, Series 2014, 4.00% to 5.00%, due in annual principal installments ranging from \$1,495 to \$3,370, until 2038, including a premium of \$1,833 and \$2,068, and net of deferred financing cost of \$328 and \$370 as of June 30, 2024 and 2023, respectively, callable by the Medical Center on or after July 2024.	\$ 38,716	40,564
Revenue bonds, Series 2017A/B, 4.00% to 5.00%, due in annual principal installments ranging from \$2,625 to \$16,215, from 2024 until 2044, including a premium of \$11,790 and \$13,312, and net of deferred financing cost of \$842 and \$937 as of June 30, 2024 and 2023, respectively, callable by the Medical Center on or after January 2028.	178,388	184,975

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(Dollars in thousands)

	<b>2024</b>	<b>2023</b>
Revenue bonds, Series 2022, variable rate, due in annual principal installments ranging from \$14,360 to \$18,405, from 2043 until 2045, net of deferred financing cost of \$314 and \$404 as of June 30, 2024 and 2023, respectively.. Principal may be prepaid in whole or in part at each rate reset date and is subject to a mandatory tender date of December 14, 2027 unless the bank (or other owner) elects the right to retain the bonds.	\$ <u>50,240</u>	<u>50,151</u>
Total long-term debt	267,344	275,690
Less current portion	<u>(7,170)</u>	<u>(6,815)</u>
Long-term debt, net of current portion	<u>\$ 260,174</u>	<u>268,875</u>

In fiscal year 2018, the Medical Center received proceeds from the Washington Health Care Facilities Financing Authority, Revenue Bonds, Series A, B and C with total proceeds of approximately \$249,215. The Series 2017 C bonds were remarketed in December 2022 to the Series 2022 bonds. The 2022 Series bonds are variable rate revenue bonds which were all purchased in a private placement by a financial institution. They will be held by that financial institution until December 2027 unless an election is made by the financial institution to retain the 2022 Series Revenue Bonds for a longer period. If the financial institution does not elect to retain the 2022 Series bonds, the bonds will be remarketed and it is possible that if the remarketing is not successful they will become due and payable in December 2027. The debt maturity table includes the expected principal payments for the 2022 Series Revenue Bonds according to the original contractual maturity schedule at the time of issuance.

The principal amounts due by year are as follows:

Fiscal years:	
2025	\$ 7,170
2026	7,535
2027	7,920
2028	8,325
2029	8,755
Thereafter	<u>215,500</u>
	255,205
Add net unamortized bond premiums	13,623
Less unamortized deferred financing costs	<u>(1,484)</u>
	<u>\$ 267,344</u>

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As of June 2024, the Medical Center is the only member of the obligated group for the revenue bonds (the bonds). Prior to the merger of the Association into the Medical Center, the Association was also part of the obligated group. As security for the payment of the bonds, the Medical Center has granted the Trustee a security interest in the Medical Center's gross revenue and the moneys in the trust funds as described below. Trust funds have been established for the regular deposit of interest and principal payments of the bonds and is reflected within assets whose use is limited on the accompanying consolidated balance sheet.

Under the terms of the loan agreements, the Medical Center has agreed to maintain certain financial ratios and comply with certain other covenants.

**(8) Retirement Program**

The Medical Center's retirement program is named the Overlake Hospital Medical Center 403(b) Retirement Plan (the Plan).

Plan eligibility for the 403(b) salary deferral portion of the Plan commences on the first day of the payroll period following the date of hire. The salary deferral portion of the Plan is entirely employee funded. All employees may participate in the program and have a choice of investments with varying levels of risk and return. New employees are automatically enrolled in the salary deferral portion of the Plan unless opting out.

The Plan was amended as of January 1, 2024 to allow for Roth 403(b) deferred contributions. These contributions are voluntary and entirely employee funded.

The Plan annually provides for annual employer contribution that will match 100% of an employee's 403(b) salary deferral contributions up to a maximum of 5% of the employee's eligible compensation for participants with less than five years of service or up to a maximum of 7% of the employee's eligible compensation for participants with five or more years of service at the start of the plan year.

Participants must be credited with 1,000 hours of service during the calendar year in order to receive an employer contribution.

The Medical Center contributed approximately \$17,406 and \$15,544 in matching contributions for the years ended June 30, 2024 and 2023, respectively, and is reflected in employee benefits in the consolidated statements of operations and changes in net assets.

**(9) Leases**

The Medical Center enters into operating leases primarily for buildings. For leases with terms greater than 12 months, the Medical Center records the related operating lease ROU assets and liabilities at the present value of the lease payments over the contract term using the Medical Center's incremental borrowing rate. Building lease agreements generally require the Medical Center to pay for maintenance and repairs, which are variable based on actual costs incurred during each applicable period. Such costs are not included in the determination of the operating lease ROU asset or lease liability. Variable lease costs also include escalating rent payments that are not fixed at lease commencement but are based on an index that is

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(Dollars in thousands)

determined in future periods over the lease term based on changes in the Consumer Price Index or other measure of cost inflation. Most leases include one or more options to renew the lease at the initial term, with renewal terms that generally extend the lease at the then market rate of rental payment. All such options are at the Medical Center's discretion and are evaluated at the lease commencement, with only those that are reasonably certain of exercise included in determining the appropriate lease term. The Medical Center has elected the practical expedient to not separate lease components from non-lease components for its operating leases.

The components of lease cost are as follows for the year ended June 30, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
Operating lease cost:		
Fixed lease expense	\$ 10,907	9,106
Variable lease expense	3,054	2,875
Total operating lease cost	\$ 13,961	11,981

Other information related to leases as of and for the year ended June 30, 2024 and 2023 is as follows:

	<b>2024</b>	<b>2023</b>
Weighted average remaining lease term (in years)	6	6
Weighted average discount rate	3.6 %	3.4 %

Commitments related to noncancelable operating leases for each of the next five years and thereafter as of June 30, 2024 are as follows:

Fiscal year:	
2025	\$ 9,852
2026	7,469
2027	5,888
2028	5,231
2029	4,704
Thereafter	7,957
	41,101

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(Dollars in thousands)

Less imputed interest		\$ <u>(4,104)</u>
Total operating lease right-of-use liabilities		36,997
Less current portion of operating lease right-of-use liabilities		<u>(8,670)</u>
Long-term operating lease right-of-use liabilities		\$ <u><u>28,327</u></u>

**(10) Professional Liability Insurance, Workers' Compensation, and Health Benefits**

The Medical Center maintains claims-made professional liability insurance coverage through a commercial carrier. The policies for the years ended June 30, 2024 and 2023 have a \$1,000 deductible per occurrence. The Medical Center also carries excess coverage policies for its professional liability program.

Based upon actuarial valuations, the Medical Center has recorded estimated liabilities (undiscounted) for claims incurred but not reported as well as claims reported and not paid of \$21,163 and \$19,167 and reinsurance receivables of \$6,710 and \$7,301 as of June 30, 2024 and 2023, respectively.

The Medical Center is self-insured for workers' compensation. The accrued liabilities for the self-insured components of this plan include the unpaid portion of claims that have been reported and estimates for claims that have been incurred but not reported. The Medical Center also carries an excess coverage policy for its workers' compensation program. The Medical Center has recorded undiscounted liabilities for workers' compensation claims based on actuarial estimates of approximately \$4,062 and \$3,786 as of June 30, 2024 and 2023, respectively and reinsurance receivables of \$520 as of June 30, 2024 and 2023.

The Medical Center is self-insured for medical, dental, and prescription drugs. The accrued liabilities for the self-insured components of this plan include the unpaid portion of claims that have been reported and estimates for claims that have been incurred but not reported. The Medical Center also carries an excess coverage policy for its medical, dental, and prescription program. The Medical Center has recorded undiscounted liabilities for medical, dental, and prescription drugs claims based on actuarial estimates of approximately \$4,040 and \$3,855 as of June 30, 2024 and 2023, respectively.

**(11) Litigation and Compliance with Laws and Regulations**

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

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Governmental activity includes

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(Dollars in thousands)

investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

**(12) Functional Expenses**

The Medical Center provides healthcare services to residents within its geographic service area. Expenses related to providing these services for the years ended June 30, 2024 and 2023 are as follows:

<b>2024</b>					
		<b>Healthcare services</b>	<b>General and administrative</b>	<b>Fundraising</b>	<b>Total</b>
Salaries and benefits	\$	426,837	56,326	1,347	484,510
Purchased services and other		87,577	89,651	340	177,568
Supplies		122,477	(93)	136	122,520
Interest, depreciation and amortization		25,730	19,761	—	45,491
Total operating expenses	\$	662,621	165,645	1,823	830,089
<b>2023</b>					
		<b>Healthcare services</b>	<b>General and administrative</b>	<b>Fundraising</b>	<b>Total</b>
Salaries and benefits	\$	377,070	53,364	1,163	431,597
Purchased services and other		96,753	76,166	301	173,220
Supplies		116,038	164	149	116,351
Interest, depreciation and amortization		26,853	20,122	—	46,975
Total operating expenses	\$	616,714	149,816	1,613	768,143

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

Net assets with donor restrictions as of June 30, 2024 and 2023 are assets whose use has been limited to a specific period, in perpetuity and/or for a designated purpose.

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June 30, 2024 and 2023

(Dollars in thousands)

Net assets with donor restrictions subject to expenditure for specified purposes as of June 30, 2024 and 2023:

	<b>2024</b>	<b>2023</b>
Donor restricted endowments subject to spending policy for specified purposes:		
Endowment purpose:		
Family Resource Coordinator	\$ 442	442
Senior Care Outreach	40	40
Surgical Services	551	551
Oncology Clinical Education	166	166
Nursing Clinical Education	281	281
Intensive Care Unit	2,582	2,582
Charity Care/Uncompensated Care	397	387
General Hospital Support	1,530	1,479
Heart & Vascular	112	112
Reigert Chest Pain Center	114	114
Cardiac Care	345	145
Clinic Oncology Medical Director	150	150
	6,710	6,449
Subject to expenditure for specified purposes:		
Health care services	7,074	8,402
Health education	1,173	250
Indigent care	187	144
Purchase of building improvements and equipment	1,834	1,908
Total net assets with donor restrictions	10,268	10,704
	\$ 16,978	17,153

The Foundation's endowments consist of 21 and 18 individual funds as of June 30, 2024 and 2023, respectively, established for a variety of purposes, but primarily supporting various forms of healthcare services, including both donor-restricted endowment funds and funds designated by management to function as endowments. Quasi endowment net assets associated with endowment funds, including funds designated by management, are classified and reported based on the existence or absence of donor-imposed restrictions.

## OVERLAKE HOSPITAL MEDICAL CENTER

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June 30, 2024 and 2023

(Dollars in thousands)

### (14) COVID-19

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, which was enacted on March 27, 2020, authorizes \$100 billion in funding to Medical Centers and other healthcare providers. In years prior to fiscal 2023, the Medical Center had recorded payments from the Public Health and Social Services Emergency Fund.

In addition to the CARES Act, the declaration of a public health emergency also provided funding opportunities for healthcare organizations through Public Assistance (PA) of the Federal Emergency Management Agency (FEMA). This funding is available to cover direct COVID-19 related expenditures in addition to those reimbursed through other means, including the CARES Act and any payments received through HHS. The Medical Center has applied for reimbursement through FEMA for expenses occurred in relation to COVID-19 through June 30, 2022 and received reimbursement of \$1,950 and \$1,194 which was recognized in other operating revenues for the years ended June 30, 2024 and 2023, respectively. Additional requests for reimbursement have been submitted to FEMA and are pending review and reimbursement. Due to the high degree of uncertainty related to these requests, the Medical Center has not recorded additional revenue related to future potential receipts from FEMA.

### (15) Subsequent Events

The Medical Center has performed an evaluation of subsequent events through October 23, 2024, which is the date these consolidated financial statements were issued.

The Medical Center changed its name from Overlake Hospital Medical Center to Overlake Medical Center & Clinics effective September 30, 2024.

On May 20, 2024, the Medical Center and MultiCare Health System (MultiCare) entered into a Master Affiliation Agreement (MAA) pending regulatory review requirements. On September 30, 2024, the Medical Center and MultiCare completed the affiliation and MultiCare became the parent entity and sole corporate member of the Medical Center. MultiCare, a Washington nonprofit corporation, is an integrated healthcare delivery system providing inpatient, outpatient, and other healthcare services primarily to the residents of Pierce, King, Spokane, Thurston and Yakima Counties and, with respect to pediatric care, much of the southwest Washington region. The effective date of the affiliation is October 1, 2024. The Medical Center will maintain its status as a separate, 501(c)(3) tax exempt, Washington state nonprofit corporation that will function as a separate business unit of MultiCare. The Medical Center will continue to be governed by a separate fiduciary Board of Trustees. MultiCare will have the right to nominate 20% of the voting members of the Medical Center Board, but the Board will retain authority to elect its members. The Medical Center will remain the sole member the Clinics and the Medical Tower. The Medical Center will also remain the parent organization of the Foundation and the majority owner of the Surgery Center. As set forth in the MAA, MultiCare will have rights of a corporate "member" as set forth in the Washington Nonprofit Corporation Act, RCW 24.03A, as well as rights contained in the MAA.

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**Supplementary Information**

Consolidating Schedule – Balance Sheet

June 30, 2024

(In thousands)

	<b>Medical Center and Other Affiliates</b>	<b>Foundation</b>	<b>Eliminating entries</b>	<b>Total 2024</b>
<b>Current assets:</b>				
Cash and cash equivalents	\$ 15,170	503	—	15,673
Receivables, net	115,226	—	—	115,226
Current portion of pledges receivable	—	1,459	—	1,459
Current portion of assets whose use is limited	12,314	—	—	12,314
Supplies inventory	22,187	—	—	22,187
Prepaid expenses	16,735	23	—	16,758
Other current assets	20,926	—	—	20,926
<b>Total current assets</b>	<b>202,558</b>	<b>1,985</b>	<b>—</b>	<b>204,543</b>
Assets whose use is limited, net of current portion	—	17,424	—	17,424
Investments	262,654	—	—	262,654
Long-term portion of pledges receivables, net	—	3,193	—	3,193
Other long-term receivables, net	5,399	—	—	5,399
Land, buildings, and equipment, net	441,810	3	—	441,813
Operating lease right-of-use assets, net	33,871	94	—	33,965
<b>Other assets:</b>				
Investments in joint ventures	6,697	—	—	6,697
Other assets	1,768	—	—	1,768
Interest in net assets of consolidated affiliates	22,360	—	(22,360)	—
<b>Total other assets</b>	<b>30,825</b>	<b>—</b>	<b>(22,360)</b>	<b>8,465</b>
<b>Total assets</b>	<b>\$ 977,117</b>	<b>22,699</b>	<b>(22,360)</b>	<b>977,456</b>
<b>Current liabilities:</b>				
Accounts payable	\$ 34,215	5	—	34,220
Gift annuities payable	—	56	—	56
Accrued liabilities	80,016	159	—	80,175
Accrued interest payable	5,086	—	—	5,086
Payable to third-party agencies	8,499	—	—	8,499
Current portion of long-term debt	7,170	—	—	7,170
Current portion of operating lease right-of-use liabilities	8,564	106	—	8,670
<b>Total current liabilities</b>	<b>143,550</b>	<b>326</b>	<b>—</b>	<b>143,876</b>
Long-term debt, net of current portion	260,174	—	—	260,174
Long-term operating lease right-of-use liabilities, net of current portion	28,314	13	—	28,327
Other long-term liabilities	21,566	—	—	21,566
<b>Total liabilities</b>	<b>453,604</b>	<b>339</b>	<b>—</b>	<b>453,943</b>
<b>Net assets:</b>				
Without donor restrictions	506,535	5,382	(5,382)	506,535
With donor restrictions	16,978	16,978	(16,978)	16,978
<b>Total net assets</b>	<b>523,513</b>	<b>22,360</b>	<b>(22,360)</b>	<b>523,513</b>
<b>Total liabilities and net assets</b>	<b>\$ 977,117</b>	<b>22,699</b>	<b>(22,360)</b>	<b>977,456</b>

See accompanying independent auditors' report.

**OVERLAKE HOSPITAL MEDICAL CENTER**  
dba Overlake Medical Center & Clinics

**Supplementary Information**

Consolidating Schedule – Balance Sheet

June 30, 2023

(In thousands)

	<b>Medical Center and Other Affiliates</b>	<b>Foundation</b>	<b>Eliminating entries</b>	<b>Total 2023</b>
<b>Current assets:</b>				
Cash and cash equivalents	\$ 15,733	243	—	15,976
Receivables, net	107,868	—	—	107,868
Current portion of pledges receivable	—	1,541	—	1,541
Current portion of assets whose use is limited	12,165	—	—	12,165
Supplies inventory	15,965	—	—	15,965
Prepaid expenses	14,537	25	—	14,562
Other current assets	13,313	—	—	13,313
<b>Total current assets</b>	<b>179,581</b>	<b>1,809</b>	<b>—</b>	<b>181,390</b>
Assets whose use is limited, net of current portion	—	18,199	—	18,199
Investments	278,569	—	—	278,569
Long-term portion of pledges receivables, net	—	2,302	—	2,302
Other long-term receivables, net	5,762	—	—	5,762
Land, buildings, and equipment, net	461,187	4	—	461,191
Operating lease right-of-use assets, net	37,369	178	—	37,547
<b>Other assets:</b>				
Investments in joint ventures	5,129	—	—	5,129
Other assets	1,768	—	—	1,768
Interest in net assets of consolidated affiliates	22,176	—	(22,176)	—
<b>Total other assets</b>	<b>29,073</b>	<b>—</b>	<b>(22,176)</b>	<b>6,897</b>
<b>Total assets</b>	<b>\$ 991,541</b>	<b>22,492</b>	<b>(22,176)</b>	<b>991,857</b>
<b>Current liabilities:</b>				
Accounts payable	\$ 29,866	3	—	29,869
Gift annuities payable	—	57	—	57
Accrued liabilities	68,859	36	—	68,895
Accrued interest payable	5,282	—	—	5,282
Payable to third-party agencies	11,769	—	—	11,769
Current portion of long-term debt	6,815	—	—	6,815
Current portion of operating lease right-of-use liabilities	7,187	100	—	7,287
<b>Total current liabilities</b>	<b>129,778</b>	<b>196</b>	<b>—</b>	<b>129,974</b>
Long-term debt, net of current portion	268,875	—	—	268,875
Long-term operating lease right-of-use liabilities, net of current portion	33,282	120	—	33,402
Other long-term liabilities	19,435	—	—	19,435
<b>Total liabilities</b>	<b>451,370</b>	<b>316</b>	<b>—</b>	<b>451,686</b>
<b>Net assets:</b>				
Without donor restrictions	523,018	5,023	(5,023)	523,018
With donor restrictions	17,153	17,153	(17,153)	17,153
<b>Total net assets</b>	<b>540,171</b>	<b>22,176</b>	<b>(22,176)</b>	<b>540,171</b>
<b>Total liabilities and net assets</b>	<b>\$ 991,541</b>	<b>22,492</b>	<b>(22,176)</b>	<b>991,857</b>

See accompanying independent auditors' report.

**OVERLAKE HOSPITAL MEDICAL CENTER**  
dba Overlake Medical Center & Clinics

**Supplementary Information**

Consolidating Schedule – Statement of Operations and Changes in Net Assets

Year ended June 30, 2024

(In thousands)

	<b>Medical Center and Other Affiliates</b>	<b>Foundation</b>	<b>Eliminating entries</b>	<b>Total 2024</b>
Operating revenue:				
Net patient service revenue	\$ 751,371	—	—	751,371
Other operating revenue	25,821	—	—	25,821
Contribution revenue	—	7,460	—	7,460
Net operating revenue	<u>777,192</u>	<u>7,460</u>	<u>—</u>	<u>784,652</u>
Operating expenses:				
Salaries	390,150	1,493	—	391,643
Registry	23,932	—	—	23,932
Employee benefits	92,496	371	—	92,867
Supplies	122,376	144	—	122,520
Purchased services	90,148	318	—	90,466
Interest and amortization	12,676	5	—	12,681
Depreciation and amortization	32,809	1	—	32,810
Rent, leases, and utilities	19,307	166	—	19,473
Hospital taxes and assessments	18,874	—	—	18,874
Marketing, insurance, and other	24,796	27	—	24,823
Total operating expenses	<u>827,564</u>	<u>2,525</u>	<u>—</u>	<u>830,089</u>
(Deficit) excess of revenue over expenses from operations	<u>(50,372)</u>	<u>4,935</u>	<u>—</u>	<u>(45,437)</u>
Nonoperation revenue, net:				
Investment income (expense), net	24,681	536	—	25,217
Revenue from nonoperating affiliates	156	—	—	156
Total nonoperating revenue net	<u>24,837</u>	<u>536</u>	<u>—</u>	<u>25,373</u>
Interest in net assets of consolidated affiliates	184	—	(184)	—
(Deficit) excess of revenue over expenses	<u>(25,351)</u>	<u>5,471</u>	<u>(184)</u>	<u>(20,064)</u>
Other changes in net assets without donor restrictions:				
Net assets released for capital acquisitions	—	3,084	—	3,084
Other	—	497	—	497
Intercompany transfers	8,693	(8,693)	—	—
(Decrease) increase in net assets without donor restrictions	<u>(16,658)</u>	<u>359</u>	<u>(184)</u>	<u>(16,483)</u>
Changes in net assets with donor restrictions:				
Contributions	—	2,198	—	2,198
Investment income	—	1,115	—	1,115
Change in net unrealized gains on investments	—	93	—	93
Net assets released from restrictions	—	(3,581)	—	(3,581)
Decrease in net assets with donor restrictions	<u>—</u>	<u>(175)</u>	<u>—</u>	<u>(175)</u>
(Decrease) increase in net assets	<u>(16,658)</u>	<u>184</u>	<u>(184)</u>	<u>(16,658)</u>
Net assets, beginning of year	540,171	22,176	(22,176)	540,171
Net assets, end of year	<u>\$ 523,513</u>	<u>22,360</u>	<u>(22,360)</u>	<u>523,513</u>

See accompanying independent auditors' report.

**OVERLAKE HOSPITAL MEDICAL CENTER**  
dba Overlake Medical Center & Clinics

**Supplementary Information**

Consolidating Schedule – Statement of Operations and Changes in Net Assets

Year ended June 30, 2023

(In thousands)

	<b>Medical Center and Other Affiliates</b>	<b>Foundation</b>	<b>Eliminating entries</b>	<b>Total 2023</b>
Operating revenue:				
Net patient service revenue	\$ 675,123	—	—	675,123
Other operating revenue	23,914	—	—	23,914
Contribution revenue	—	12,600	—	12,600
Net operating revenue	<u>699,037</u>	<u>12,600</u>	<u>—</u>	<u>711,637</u>
Operating expenses:				
Salaries	343,449	1,320	—	344,769
Registry	34,646	—	—	34,646
Employee benefits	86,489	339	—	86,828
Supplies	116,193	158	—	116,351
Purchased services	80,269	297	—	80,566
Interest and amortization	13,539	8	—	13,547
Depreciation and amortization	33,427	1	—	33,428
Rent, leases, and utilities	16,931	145	—	17,076
Hospital taxes and assessments	18,107	—	—	18,107
Marketing, insurance, and other	22,805	20	—	22,825
Total operating expenses	<u>765,855</u>	<u>2,288</u>	<u>—</u>	<u>768,143</u>
(Deficit) excess of revenue over expenses from operations	<u>(66,818)</u>	<u>10,312</u>	<u>—</u>	<u>(56,506)</u>
Nonoperation revenue, net:				
Investment income (expense), net	22,791	387	—	23,178
Revenue from nonoperating affiliates	165	—	—	165
Total nonoperating revenue net	<u>22,956</u>	<u>387</u>	<u>—</u>	<u>23,343</u>
Interest in net assets of consolidated affiliates	(991)	—	991	—
(Deficit) excess of revenue over expenses	<u>(44,853)</u>	<u>10,699</u>	<u>991</u>	<u>(33,163)</u>
Other changes in net assets without donor restrictions:				
Net assets released for capital acquisitions	—	5,447	—	5,447
Other	48	608	—	656
Intercompany transfers	15,870	(15,870)	—	—
(Decrease) increase in net assets without donor restrictions	<u>(28,935)</u>	<u>884</u>	<u>991</u>	<u>(27,060)</u>
Changes in net assets with donor restrictions:				
Contributions	—	3,240	—	3,240
Investment income	—	837	—	837
Change in net unrealized gains (losses) on investments	—	103	—	103
Net assets released from restrictions	—	(6,055)	—	(6,055)
Decrease in net assets with donor restrictions	<u>—</u>	<u>(1,875)</u>	<u>—</u>	<u>(1,875)</u>
(Decrease) increase in net assets	<u>(28,935)</u>	<u>(991)</u>	<u>991</u>	<u>(28,935)</u>
Net assets, beginning of year	<u>569,106</u>	<u>23,167</u>	<u>(23,167)</u>	<u>569,106</u>
Net assets, end of year	<u>\$ 540,171</u>	<u>22,176</u>	<u>(22,176)</u>	<u>540,171</u>

See accompanying independent auditors' report.

**RESTATED ARTICLES OF INCORPORATION UBI No: 179 009 836  
OF  
OVERLAKE MEDICAL CENTER & CLINICS  
(Washington Non-Profit Corporation Act Chapter 24.03A RCW)**

Pursuant to the Washington Nonprofit Corporation Act as set forth in Chapter 24.03A of the Revised Code of Washington (the “Act”) and the provisions of RCW 24.03A.670, the undersigned adopts the following Restated Articles of Incorporation for Overlake Medical Center & Clinics.

The following Restated Articles of Incorporation were adopted on September 11, 2024, by Resolution of the Overlake Medical Center & Clinics Board of Trustees and approved by the sole Member, MultiCare Health System, a Washington nonprofit corporation, in the manner required by RCW 24.03A and the corporations’ Articles of Incorporation and Bylaws.

**ARTICLE I  
Name**

The name of this charitable non-profit hospital corporation (“corporation”) will be: OVERLAKE MEDICAL CENTER & CLINICS.

**ARTICLE II  
Purpose**

The purposes for which this corporation is formed are:

**A.** To establish, maintain, operate and provide comprehensive hospital and other healthcare and wellness related facilities and services for the care of persons suffering from any illness, disability or other condition requiring such healthcare facilities or services.

**B.** To establish, maintain, operate and provide educational facilities and activities related to medical care, wellness or the promotion of health.

**C.** To establish, maintain, operate and provide scientific research facilities and activities related to medical care, wellness or the promotion of health.

**D.** To establish, maintain, operate and provide any facility or activity designed and carried on to promote the general health and well being of the community, and to engage in any other lawful activity authorized by the Board of Trustees, provided that the activities of the Corporation shall at all times comply with the limitations contained in Section E below.

**E.** This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and which are also described as a public charity as provided in section 509(a) of the Internal Revenue Code.

**F.** No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in this Article. No substantial part of the activities of the corporation shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**G.** The assets of the corporation shall be irrevocably dedicated to health or social welfare services as defined by 82.04.431 of the Revised Code of Washington, as amended. The corporation shall not carry on any other activities not permitted to be carried on by a health or social welfare organization as defined by 82.04.431 of the Revised Code of Washington, as amended.

**H.** In furtherance of the above purposes and activities, the corporation may without limitation:

1. Seek charitable donations and otherwise raise funds;
2. Incur debt and grant security interests;
3. Acquire, own, convey, lease, mortgage and encumber real and personal property;
4. Construct, maintain and operate improvements on real property;
5. Be a partner, member or manager of any partnership, joint venture, limited liability company or other venture; and
6. Make donations as appropriate to further the above purposes.

### **ARTICLE III Registered Agent**

The name of the registered agent of the corporation is OMW R.A. Services, LLC. The registered office address is: OMW R.A. Services, LLC, 701 5th Ave., Ste. 5600, Seattle, WA 98104-7045.

### **ARTICLE IV Duration**

The term of existence of this corporation shall be perpetual.

**ARTICLE V**  
**Board of Trustees**

The affairs of the corporation shall be managed by a Board of Trustees as provided in the Bylaws of the corporation. The Board of Trustees is empowered to make and pass Bylaws necessary or convenient for managing the affairs of the corporation.

The election of trustees, term of office, and the filling of vacancies on the Board of Trustees shall be established by the Bylaws.

**ARTICLE VI**  
**Limitation of Liability of**  
**Trustees and Officers**

No trustee or officer of the corporation shall be personally liable to the corporation or its members for monetary damages for any action taken, or any failure to take action, as a trustee or officer, that takes place on or after the date these Articles become effective, except for (i) acts or omissions that involve intentional misconduct or a knowing violation of law by the trustee or officer, (ii) voting or assenting to distributions by the corporation in violation of these Articles, or any transaction from which the trustee or officer will personally receive a benefit in money, property or services to which the trustee or officer is not legally entitled, or (iii) for any additional violations as provided in these Articles or the corporation's Bylaws. If, after these Articles become effective, the Act is amended to authorize corporate action further eliminating or limiting the personal liability of trustees or officers, then the liability of a trustee or officer of the corporation shall be deemed eliminated or limited to the fullest extent permitted by the Act, as so amended. Any amendment to or repeal of these Articles shall not adversely affect any right or protection of a trustee or officer of the corporation for or with respect to any acts or omissions of such trustee or officer occurring prior to such amendment or repeal. This provision shall not eliminate or limit the liability of a trustee or officer for any act or omission occurring prior to the date these Articles become effective.

**ARTICLE VII**  
**Indemnification of Trustees, Officers,**  
**Employees and Agents**

**1. Definitions.** For purposes of this Article:

(a) "Corporation" includes any domestic or foreign predecessor entity of the corporation in a merger or other transaction in which the predecessor's existence ceased upon consummation of the transaction.

(b) "Trustee" means an individual who is or was a trustee of the corporation or an individual who, while a trustee of the corporation, is or was serving at the corporation's request as a trustee, officer, partner, director, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plan, or other enterprise. A trustee is considered to be serving an employee benefit plan at the corporation's request if the

trustee's duties to the corporation also impose duties on, or otherwise involve services by, the trustee to the plan or to participants in or beneficiaries of the plan. "Trustee" includes, unless the context requires otherwise, the estate or personal representative of a trustee.

(c) "Expenses" include counsel fees.

(d) "Liability" means the obligation to pay a judgment, settlement, penalty, fine, including an excise tax assessed with respect to an employee benefit plan, or reasonable expenses incurred with respect to a proceeding.

(e) "Official capacity" means: (i) When used with respect to a trustee, the office of trustee in the corporation; (ii) when used with respect to an individual other than a trustee, as contemplated in Sections 6 and 7 of this Article VII, the office in the corporation held by the officer or the employment or agency relationship undertaken by the employee or agent on behalf of the corporation. "Official capacity" does not include service for any other foreign or domestic corporation or any partnership, joint venture, trust, employee benefit plan, or other enterprise.

(f) "Party" includes an individual who was, is, or is threatened to be made a named defendant or respondent in a proceeding.

(g) "Proceeding" means any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative and whether formal or informal.

## 2. **Right to Indemnification.**

(a) The corporation shall indemnify a trustee wholly successful, on the merits or otherwise, in defense of any proceeding to which the trustee was a party because of being a trustee of the corporation, against all reasonable expenses incurred by the trustee in connection with the proceeding.

(b) Except as provided in subsection (e) of this Section 2, the corporation shall indemnify an individual made a party to a proceeding because the individual is or was a trustee against liability incurred in the proceeding if:

(i) The individual acted in good faith; and

(ii) The individual reasonably believed:

(A) In the case of conduct in the individual's official capacity with the corporation, that the individual's conduct was in the corporation's best interests; and

(B) In all other cases, that the individual's conduct was at least not opposed to the corporation's best interests; and

(iii) In the case of any criminal proceeding, the individual had no reasonable cause to believe the individual's conduct was unlawful.

(c) A trustee's conduct with respect to an employee benefit plan for a purpose the trustee reasonably believed to be in the interests of the participants in and beneficiaries of the plan is conduct that satisfied the requirement of subsection (b)(ii) of this Section 2.

(d) The termination of a proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent is not, of itself, determinative that the trustee did not meet the standard of conduct described in this Section.

(e) The corporation shall not indemnify a trustee under this Section 2:

(i) In connection with a proceeding by or in the right of the corporation in which the trustee was adjudged liable to the corporation; or

(ii) In connection with any other proceeding charging improper personal benefit to the trustee, whether or not involving action in the trustee's official capacity, in which the trustee was adjudged liable on the basis that personal benefit was improperly received by the trustee.

(f) Indemnification under this Article VII, Section 2 in connection with a proceeding by or in the right of the corporation is limited to reasonable expenses incurred in connection with the proceeding.

### **3. Advance for Expenses.**

(a) The corporation shall pay for or reimburse the reasonable expenses incurred by a trustee who is a party to a proceeding in advance of final disposition of the proceeding and in advance of any determination and authorization of indemnification pursuant to Section 5 of this Article VII if:

(i) The trustee delivers the corporation a written affirmation of the trustee's good faith belief that the trustee has met the standard of conduct described in Section 2 of this Article VII; and

(ii) The trustee delivers the corporation a written undertaking, executed personally or on the trustee's behalf, to repay the advance if it is ultimately determined that the trustee did not meet the standard of conduct.

(b) The undertaking required by subsection (a)(ii) of this Section 3 must be an unlimited general obligation of the trustee but need not be secured and may be accepted without reference to financial ability to make repayment.

**4. Court-ordered Indemnification.** A trustee of the corporation who is a party to a proceeding may apply for indemnification or advance of expenses to the court conducting the

proceeding or to another court of competent jurisdiction. On receipt of an application, the court after giving any notice the court considers necessary may order indemnification or advance of expenses if it determines:

(a) The trustee is entitled to mandatory indemnification, in which case the court shall also order the corporation to pay the trustee's reasonable expenses incurred to obtain court-ordered indemnification;

(b) The trustee is fairly and reasonably entitled to indemnification in view of all the relevant circumstances, whether or not the trustee met the standard of conduct set forth in Section 2 of this Article VII, or was adjudged liable as described in Section 2(e) of this Article VII, but if the trustee was adjudged so liable, the trustee's indemnification is limited to reasonable expenses incurred; or

(c) In the case of an advance of expenses, the trustee is entitled pursuant to the Articles of Incorporation, Bylaws, or any applicable resolution or contract, to payment or reimbursement of the trustee's reasonable expenses incurred as a party to the proceeding in advance of final disposition of the proceeding.

**5. Determination and Authorization of Indemnification.**

(a) The corporation shall not indemnify a trustee under this Article VII unless authorized in the specific case after a determination has been made that indemnification of the trustee is permissible in the circumstances because the trustee has met the standard of conduct set forth in Section 2(b) of this Article VII.

(b) The determination shall be made:

(i) By the Board of Trustees by majority vote of a quorum consisting of trustees not at the time parties to the proceeding;

(ii) If a quorum cannot be obtained under (i) of this subsection, by majority vote of a committee duly designated by the Board of Trustees, in which designation trustees who are parties may participate, consisting solely of two or more trustees not at the time parties to the proceeding;

(iii) By special legal counsel:

(A) Selected by the Board of Trustees or its committee in the manner prescribed in (i) or (ii) of this subsection; or

(B) If a quorum of the Board of Trustees cannot be obtained under (i) of this subsection and a committee cannot be designated under (ii) of this subsection, selected by majority vote of the full Board of Trustees, in which selection trustees who are parties may participate; or

(c) Authorization of indemnification and evaluation as to reasonableness of expenses shall be made in the same manner as the determination that indemnification is permissible, except that if the determination is made by special legal counsel, authorization of indemnification and evaluation as to reasonableness of expenses shall be made by those entitled under subsection (b)(iii) of this Section to select counsel.

**6. Indemnification of Officers.**

(a) An officer of the corporation who is not a trustee shall be indemnified, and is entitled to apply for court-ordered indemnification under Section 4 of this Article VII, in each case to the same extent as a trustee.

(b) The corporation shall indemnify and advance expenses to an officer who is not a trustee to the same extent as to a trustee under this Article VII.

(c) The corporation may also indemnify and advance expenses to an officer who is not a trustee to the extent, consistent with law, that may be provided by a general or specific action of its Board of Trustees, or contract.

**7. Indemnification of Employees and Agents.**

(a) The corporation may indemnify employees and agents of the corporation and may afford the right to such employees or agents to apply for court-ordered indemnification under Section 4 of this Article VII, in each case to the same extent as to a trustee under this Article VII.

(b) The corporation may indemnify and advance expenses to an employee or agent of the corporation who is not a trustee to the same extent as to a trustee under this Article VII.

(c) The corporation may also indemnify and advance expenses to an employee or agent who is not a trustee to the extent, consistent with law, that may be provided by a general or specific action of its Board of Trustees, or contract.

**8. Insurance.** The corporation may purchase and maintain insurance on behalf of an individual who is or was a trustee, officer, employee, or agent of the corporation, or who, while a trustee, officer, employee, or agent of the corporation, is or was serving at the request of the corporation as a trustee, officer, partner, trustee, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, employee benefit plan, or other enterprise against liability asserted against or incurred by the individual in that capacity or arising from the individual's status as a trustee, officer, employee, or agent, whether or not the corporation would have power to indemnify the individual against the same liability under this Article VII.

**9. Indemnification as a Witness.** This Article VII does not limit a corporation's power to pay or reimburse expenses incurred by a trustee in connection with the trustee's

appearance as a witness in a proceeding at a time when the trustee has not been made a named defendant or respondent to the proceeding.

**10. Validity of Indemnification.** A provision addressing the corporation's indemnification of or advance for expenses to trustees that is contained in the Bylaws, a resolution of its members or Board of Trustees, or in a contract or otherwise, is valid only if and to the extent the provision is consistent with the Act and any other applicable law.

**11. Interpretation.** The provisions contained in this Article VII shall be interpreted and applied to provide indemnification to trustees, officers, employees and agents of the corporation to the fullest extent allowed by applicable law, as such law may be amended, interpreted and applied from time to time.

**12. Savings Clause.** If this Article VII or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, the corporation shall nevertheless indemnify each trustee or officer as to reasonable expenses and liabilities with respect to any proceeding, whether or not brought by or in the right of the corporation, to the full extent permitted by any applicable portion of this Article VII that shall not have been invalidated, or by any other applicable law.

**13. Nonexclusivity of Rights.** The right to indemnification under this Article VII for trustees, officers, employees and agents shall not be exclusive of any other right which any person may have, or hereafter acquire under any statute, provision of the Articles of Incorporation, Bylaws, other agreement, vote of members or disinterested trustees, insurance policy, principles of common law or equity, or otherwise.

## **ARTICLE VIII Members and Capital Stock**

The sole member of the corporation shall be MultiCare Health System ("MultiCare"), a Washington nonprofit corporation described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. There shall not be capital stock.

## **ARTICLE IX Distribution of Assets on Dissolution**

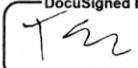
In the event that this corporation shall be dissolved or wound up at any time, then all of the assets of this corporation remaining after payment of the corporation's debts shall be given and donated to Overlake Hospital Foundation, if and only if Overlake Hospital Foundation qualifies both (a) as an organization exempt from tax under Section 501(c)(3) of the Internal Revenue Code, as amended, and (b) as a health or social welfare organization as defined by 82.04.431 of the Revised Code of Washington, as amended. If Overlake Hospital Foundation is (i) unwilling or unable to accept the assets, (ii) no longer qualifies as an organization exempt from tax under Section 501(c)(3) of the Internal Revenue Code, as amended, or (iii) no longer qualifies as a health or social welfare organization as defined by 82.04.431 of the Revised Code of Washington, as amended, then said assets shall be given and donated to such nonprofit

organization or organizations selected and designated by the Board of Trustees of this corporation, provided that such nonprofit organization or organizations must be (a) exempt under Section 501(c)(3) of the Internal Revenue Code, as amended, and (b) a health or social welfare organization as defined by 82.04.431 of the Revised Code of Washington, as amended. No member or trustee or officer of Overlake Medical Center & Clinics shall receive any part of such assets or income therefrom, resulting from the dissolution or winding up of this corporation.

These Restated Articles of Incorporation correctly set forth without change the corresponding provisions of the Articles of Incorporation as heretofore amended and hereby supersede the original Articles of Incorporation and all amendments thereto.

9/24/2024

Date

DocuSigned by:  
  
EED2871FB1ED465...

Tom Evert, Secretary



**Contact Information:**

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

**CERTIFICATE TO RESTATED ARTICLES**

Nonprofit Corporation

RCW 24.03A.670

*In addition to executed Restated Articles with or without amendments, a certificate must accompany the filing*

(1) **UBI No.:** 179009836

(2) **NAME OF NONPROFIT CORPORATION:** (currently recorded with the Secretary of State prior to any amendments)  
Overlake Medical Center & Clinics

(3) **RESTATED ATTESTATIONS:** (Check one)

- The Restated Articles do not include any amendments to the articles. *If selected continue to section 7*
- The Restated Articles contain one or more amendments to the articles. *If selected complete sections (4) - (7)*
- By selecting this box the business states that the articles have been amended in their entirety.*

(4) **ADOPTION OF ARTICLES OF AMENDMENT:**

The Amendment was duly adopted by the following method: (Check one)

- The Articles of Amendment were duly adopted by the board of directors; member approval was not required.
- The Articles of Amendment were duly adopted and approved by the members in the manner required by the Nonprofit Corporation's articles and bylaws, and by RCW 24.03A.665.

(5) **DATE OF ADOPTION:**

The date that the Articles of Amendment were adopted was: \_\_\_\_\_

(6) **TEXT OF AMENDMENT:**

- The text of the amended articles are attached.

(7) **RESTATED ARTICLES:**

- The restated articles are attached.

(8) **AUTHORIZED PERSON:**

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

DocuSigned by:  
  
 FED2871F81ED485

\_\_\_\_\_  
 Signature of Authorized Person

Tom Evert, Secretary  
 Printed Name/Title

9/24/2024  
 Date



**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

Corporations and Charities Division

**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377

[sos.wa.gov/corps](https://sos.wa.gov/corps)

09/30/2024

OVERLAKE MEDICAL CENTER & CLINICS  
OMW R.A. SERVICES, LLC  
701 5TH AVE STE 5600  
SEATTLE WA 98104-7045

**UBI Number: 179 009 836**

**Business Name: OVERLAKE MEDICAL CENTER & CLINICS**

Greetings OMW R.A. SERVICES, LLC,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

RESTATED ARTICLES OF INCORPORATION

You can view and download your filed document(s) for no charge at our website, [www.sos.wa.gov/ccfs](https://www.sos.wa.gov/ccfs)

To file online, request certified copies and certificates, conduct searches, subscribe to corporation and/or charities and receive filing status updates, please create a user account at [www.sos.wa.gov/ccfs](https://www.sos.wa.gov/ccfs) If you already have an account created, simply sign in to access these features.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at [www.sos.wa.gov/corps](https://www.sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.

Sincerely,  
Washington Secretary of State  
Corporations and Charities Division  
[corps@sos.wa.gov](mailto:corps@sos.wa.gov)