



REPORTS OF INDEPENDENT AUDITORS  
AND FINANCIAL STATEMENTS

PUBLIC HOSPITAL DISTRICT NO. 2,  
SNOHOMISH COUNTY, WASHINGTON  
DBA VERDANT HEALTH COMMISSION

December 31, 2019 and 2018



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## **Report of Independent Auditors**

To the Board of Commissioners  
Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission (the District), as of and for the years ended December 31, 2019 and 2018, and the related notes to the financial statements, which collectively comprise the District's financial statements as listed in the table of contents.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of December 31, 2019 and 2018, and the changes in financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matters**

*Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the accompanying management's discussion and analysis on pages 3 through 9 be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in the appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements, and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued our report dated May 22, 2020, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.



Everett, Washington  
May 22, 2020

# **Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission Management's Discussion and Analysis**

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The following discussion and analysis for Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission (the District) provides an overview of the District's financial activities for the years ended December 31, 2019 and 2018. Please read it in conjunction with the District's financial statements, which follow this analysis.

## **Using These Financial Statements**

The District's financial statements consist of three statements: a statement of net position; a statement of revenues, expenses, and changes in net position; and a statement of cash flows. These financial statements and related notes provide information about the financial activities of the District.

## **The Statement of Net Position and Statement of Revenues, Expenses, and Changes in Net Position**

These two statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All the current year's revenues and expenses are taken into account when the underlying transactions occur, regardless of when cash is received or paid. These statements report the District's net position and the changes therein. When assessing the overall health of the District, other nonfinancial factors also need to be considered, such as changes in programs offered, measures of the quality of service offered, and local economic factors.

## **The Statement of Cash Flows**

This statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and capital and noncapital financing activities. It provides information about sources and uses of cash and the change in cash balances during the reporting periods.

## **The Transition of Operations, Effective September 1, 2010**

Until September 1, 2010, Public Hospital District No. 2, Snohomish County, Washington, owned and operated Stevens Hospital. Through a lease and operating agreement, on September 1, 2010, Swedish Health Services (SHS), a nonprofit corporation, assumed operation of the hospital and renamed it Swedish Edmonds. This transition significantly changed the role of the District. The District retained ownership of the hospital but no longer manages its operations and, instead, is a landlord to SHS. As of December 31, 2019, SHS had paid \$76.3 million in total lease payments to the District for the use of hospital real property and personal assets owned by the District.

# **Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission Management's Discussion and Analysis**

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## **The Transition of Operations, Effective September 1, 2010 (continued)**

The negotiated agreement terms for use of the hospital by SHS are for 30 years, with options to renew, wherein the District will receive monthly lease payments that increase 3.0% per year for the first 15 years, after which time the monthly payments will be level for the remainder of the agreement. Additionally, SHS agreed to invest a minimum of \$90.0 million into hospital capital improvements over the course of the first 10 years, with no less than \$6.0 million per year in each of those 10 years. If SHS fails to meet the capital requirement for three consecutive years, this would constitute a breach of the lease and operating agreement. In 2017 and 2018, SHS neglected to meet its annual \$6.0 million requirements by \$0.4 million and \$1.9 million, respectively. Although the 2019 calculation has not been finalized, based upon preliminary calculations, SHS is expected to exceed the annual requirement.

The capital investment commitment included the installation of the Epic electronic medical record system. Additional capital investment by SHS may be committed each year based on 25% of the defined profitability of the facility. In addition, SHS committed to a major expansion project of at least \$60 million, provided there was adequate return on investment, demand criteria were met, and the SHS board of trustees approved such a project. An expansion of the Emergency Department was completed in 2016 that met the major expansion project criteria above. The District and SHS formed a strategic collaboration committee to provide oversight for the lease and strategic planning activities for the facility.

The District will maintain investments sufficient to take back the operation of the hospital in the event of default by SHS or some other extraordinary event. This transition significantly impacted many of the statement of net position accounts for the year ending December 31, 2010, and along with the long-term agreement with SHS, significantly improves the short- and long-term financial viability of the District.

## **The Verdant Health Commission**

As of September 1, 2010, the District began doing business as South Snohomish County Commission for Health (SSCCFH). The SSCCFH name was changed in 2011 to the Verdant Health Commission (Verdant) by a vote of the commissioners of the District. Verdant is governed by a board of five commissioners elected at large. The mission of Verdant is to improve the health and well-being of the community. This mission will be completed by contracting for services with local organizations, businesses, and government agencies, and the establishment of Verdant-operated initiatives. Long-term financial stability will be established by investing available revenues received from SHS and others, as well as ongoing tax levy revenues, into allowable government funds, thus building adequate reserves in the years to come.

Verdant began accepting funding proposals in June 2011 in four health priority areas: Education and Empowerment, Prevention, Access to Healthcare Services, and Policy and Advocacy. Funds are available for one-time uses like events and short-term needs in the community, as well as for ongoing health and wellness programs. Verdant paid out approximately \$7.3 million in total program expenditures and grants during 2019, of which \$6.6 million related to community program investments. Each program is managed through a cooperative agreement with partners and is being monitored for performance and compliance by Verdant staff. Verdant also spent \$0.3 million on internal programs at the Verdant Community Wellness Center (VCWC) and its annual conference in 2019.

# Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission Management's Discussion and Analysis

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## The Verdant Health Commission (continued)

Verdant completed a comprehensive needs assessment in 2013 to better understand the health and wellness issues impacting residents of South Snohomish County. The needs assessment highlighted two key community issues for the District: adult dental care and behavioral health needs.

In 2016, Verdant partnered with the Snohomish Health District on an updated needs assessment. Although the assessment found that the general health status of South Snohomish County residents compares favorably to the rest of Snohomish County, and had improved since the 2013 assessment, there were several areas of concern:

- Youth symptoms of depression increased between 2012 and 2014
- Only 63 percent of older adults received a flu vaccination
- 25 percent of the population is obese
- 36 percent of the adult population is not physically active, and 75 percent of youth are not meeting exercise guidelines
- 29 percent of residents do not have dental coverage, and 27 percent of the population has not had a dental visit in the past year

Verdant continues to fund projects focused on long-term prevention, childhood obesity, access to healthcare, dental access, and improving behavioral health. Many of the programs Verdant supported in 2018 continue through multi-year cooperative agreements. Notable new programs that were approved in 2019 include a program to increase access to quality meals for older adults, a new advocacy program to support access to health screenings and services for Spanish-speaking residents, and a program to support increasing the capacity for the Lynnwood Food Bank to provide quality, nutritious produce to its customers. Verdant also renewed funding for several large grants during the year, including Boys & Girls Club Healthy Habits after-school fitness and nutrition program, a resource advocacy program in Edmonds School District elementary schools to support vulnerable families, supports for improved access to early intervention services for families with children with development needs, a mental health counseling program for uninsured or underinsured adults, and a counseling program for teens with co-occurring mental health and substance use diagnoses.

Verdant also released a request for proposal (RFP) and reviewed applications through its Building Health Communities Fund approving \$5 million in funding for capital grants. These included a community health clinic through Sea Mar Community Health Center, an integrated pain management and recovery services program through Community Health Centers of Snohomish County, a physical activity project through the City of Mountlake Terrace, and several other smaller projects. Most of the approved funding will be paid out in 2020, however \$47,500 was paid out in 2018 for a walking program in the town of Woodway and two payments were made in 2019 - \$359,000 for a mobile dental van operated by Medical Teams International and \$125,000 for the first installment on the integrated pain management and recovery services program.

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Management's Discussion and Analysis**

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**The Verdant Health Commission (continued)**

The VCWC in Lynnwood continues to offer residents of the District a resource for accessing health and wellness classes, programs, and information. The center serves as the headquarters for Verdant and houses all District staff. During 2018, Verdant added a Community Social Worker to provide case management services to clients with complex health and social service needs. Over 100 community classes were offered at the VCWC in 2019 in English and Spanish, focusing on lifestyle modification, prevention and managing chronic conditions with topics like healthy cooking, weight management, positive parenting, stress reduction, and behavioral health support groups. The center also includes a full-time 2-1-1 Community Resource Advocate who meets with residents one-on-one to connect them to community resources and partner organizations that assist with services such as health insurance enrollment, food stamp enrollment, and prescription drug assistance.

**Statement of Net Position**

The District's net position is the difference between its assets and liabilities as reported in the statement of net position (in thousands).

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Assets			
Current assets	\$ 55,573	\$ 50,729	\$ 46,460
Capital assets, net	25,502	27,172	29,125
Other noncurrent assets	<u>18,466</u>	<u>17,702</u>	<u>16,649</u>
Total assets	<u>\$ 99,541</u>	<u>\$ 95,603</u>	<u>\$ 92,234</u>
Liabilities			
Current liabilities	\$ 2,586	\$ 2,177	\$ 2,066
Long-term debt, net	<u>-</u>	<u>1,074</u>	<u>2,051</u>
Total liabilities	<u>2,586</u>	<u>3,251</u>	<u>4,117</u>
Net position			
Net investment in capital assets	24,490	25,183	26,199
Restricted for debt service	44	49	50
Unrestricted	<u>72,421</u>	<u>67,120</u>	<u>61,868</u>
Total net position	<u>96,955</u>	<u>92,352</u>	<u>88,117</u>
Total liabilities and net position	<u>\$ 99,541</u>	<u>\$ 95,603</u>	<u>\$ 92,234</u>

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Management's Discussion and Analysis**

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**Current Assets**

Total current assets of \$55.6 million at year-end 2019 reflect an increase of \$4.8 million (9.5%), compared to the balance of \$50.7 million at the end of 2018. Cash and cash equivalents decreased by \$1.2 million (38.0 %) in 2019, compared to a decrease of \$3.6 million (53.7%) in 2018.

**Capital Assets**

The District's net capital assets decreased \$1.7 million (6.1%) in 2019, compared to a net decrease of \$2.0 million (6.7%) in 2018. Depreciation and surplusings of aging hospital assets continue to contribute to this decrease.

**Other Noncurrent Assets**

Other noncurrent assets consist of rent receivable totaling \$18.5 million at year-end 2019, an increase of \$0.8 million (4.3%), compared to an increase of \$1.1 million (6.3%) in 2018. The rent receivable results from straight-line recognition of the 30-year lease of the hospital to SHS.

**Current Liabilities**

Current liabilities increased \$0.4 million (18.8%) from \$2.2 million in 2018 to \$2.6 million in 2019.

**Long-Term Debt**

As of December 31, 2019, the District no longer had long-term debt as it will pay off its outstanding bonds in less than 12 months. Principal payments during 2019 totaled \$0.9 million.

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Management's Discussion and Analysis**

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**Operating Results and Changes in the District's Net Position**

In 2019, the District's net position increased \$4.6 million (5.0%), compared to an increase of \$4.2 million (4.8%) in 2018 (in thousands).

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Operating revenues			
Lease revenue	\$ 11,749	\$ 11,718	\$ 11,865
Other operating revenues	36	21	36
Total operating revenues	<u>11,785</u>	<u>11,739</u>	<u>11,901</u>
Operating expenses			
Salaries and benefits	941	980	825
Program expenditures	7,325	6,388	5,470
Other	1,352	1,261	1,083
Depreciation	<u>1,756</u>	<u>1,958</u>	<u>2,152</u>
Total operating expenses	<u>11,374</u>	<u>10,587</u>	<u>9,530</u>
Operating income	<u>411</u>	<u>1,152</u>	<u>2,371</u>
Nonoperating revenues (expenses)			
Tax levies	2,368	2,315	2,265
Investment income	1,827	478	306
Interest expense and amortization	8	(18)	(43)
Gain (loss) on disposal of capital assets	-	-	53
Other revenues	<u>(11)</u>	<u>308</u>	<u>2,739</u>
Net nonoperating revenues	<u>4,192</u>	<u>3,083</u>	<u>5,320</u>
Increase in net position	4,603	4,235	7,691
Net position, beginning of year	<u>92,352</u>	<u>88,117</u>	<u>80,426</u>
Net position, end of year	<u>\$ 96,955</u>	<u>\$ 92,352</u>	<u>\$ 88,117</u>

Operating revenues in 2019 totaled \$11.8 million. Of that, \$9.2 million was attributable to the SHS lease for operation of the hospital. Additional lease revenues were received from other lease agreements, including Value Village, Healthcare Realty, and the Swedish Kruger Medical Office Building (formerly known as the Kruger Clinic). Verdant also received a small amount of revenue for the Verdant Healthier Community Conference and internally-hosted community programs at the VCWC.

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Management's Discussion and Analysis**

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**Operating Results and Changes in the District's Net Position (continued)**

Overall operating costs of \$11.4 million at year-end 2019 reflect an increase of \$0.8 million (7.5%), compared to operating costs of \$10.6 million at the end of 2018. Salaries and benefits totaled \$0.9 million in 2019, a decrease of 4.0% from 2018. Program expenditures totaled \$7.3 million in 2019 compared to \$6.4 million in 2018, an increase of 14.7%.

Net nonoperating revenues in 2019 totaled \$4.2 million, compared to \$3.1 million in 2018, an increase of \$1.1 million (36.0%). In 2018, \$0.3 million in CPE settlements were recorded for state fiscal years 2004, 2007, 2008 and 2010. There were no settlements in 2019. There was also a net increase in investment return of \$1.3 million (282.2%) over 2018, which consisted of \$.2 million increase in investment income, and a \$1.1 million increase in net unrealized and realized gains (losses).

**Contacting the District's Financial Management**

This financial report is designed to provide our taxpayers, suppliers, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. If you have any questions about this report or need additional financial information, contact the District's finance office at 4710 196th Street SW, Lynnwood, Washington 98036.

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Statements of Net Position**

**ASSETS**

	December 31,	
	<u>2019</u>	<u>2018</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 1,935,261	\$ 3,119,938
Investments	53,548,268	47,257,765
Estimated third-party payor settlements	-	262,499
Prepaid expenses and other	45,125	39,864
Assets whose use is limited	43,866	48,906
Total current assets	<u>55,572,520</u>	<u>50,728,972</u>
<b>CAPITAL ASSETS</b>		
Nondepreciable capital assets	7,767,861	7,728,706
Depreciable capital assets, net of accumulated depreciation	<u>17,734,067</u>	<u>19,443,570</u>
Capital assets, net of accumulated depreciation	<u>25,501,928</u>	<u>27,172,276</u>
<b>RENT RECEIVABLE</b>	<u>18,466,690</u>	<u>17,701,416</u>
Total assets	<u><u>\$ 99,541,138</u></u>	<u><u>\$ 95,602,664</u></u>

**LIABILITIES AND NET POSITION**

<b>CURRENT LIABILITIES</b>		
Current portion of long-term debt	\$ 1,011,860	\$ 1,033,890
Accounts and warrants payable	483,558	192,702
Prepaid lease income	917,328	854,443
Accrued interest	2,388	4,675
Accrued salaries and benefits	70,596	109,206
Estimated self-insured liabilities	<u>100,000</u>	<u>100,000</u>
Total current liabilities	2,585,730	2,294,916
<b>LONG-TERM DEBT, net of current portion</b>	<u>-</u>	<u>955,000</u>
Total liabilities	<u>2,585,730</u>	<u>3,249,916</u>
<b>NET POSITION</b>		
Net investment in capital assets	24,490,068	25,183,386
Restricted for debt service	43,866	48,906
Unrestricted	<u>72,421,474</u>	<u>67,120,456</u>
Total net position	<u>96,955,408</u>	<u>92,352,748</u>
Total liabilities and net position	<u><u>\$ 99,541,138</u></u>	<u><u>\$ 95,602,664</u></u>

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Statements of Revenues, Expenses, and Changes in Net Position**

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	Years Ended December 31,	
	2019	2018
<b>OPERATING REVENUES</b>		
Lease revenue	\$ 11,749,098	\$ 11,717,621
Other operating revenue	36,228	20,787
Total operating revenues	11,785,326	11,738,408
<b>OPERATING EXPENSES</b>		
Salaries and wages	821,952	796,837
Employee benefits	119,359	183,643
Program expenditures	7,324,906	6,387,525
Professional services	373,554	363,870
Purchased services, utilities, and other	978,491	894,911
Depreciation	1,755,968	1,957,815
Total operating expenses	11,374,230	10,584,601
Operating income	411,096	1,153,807
<b>NONOPERATING REVENUES (EXPENSES)</b>		
Maintenance and operations tax levy	2,367,418	2,314,521
Investment income and net unrealized/realized gain	1,826,589	478,064
Other interest expense and amortization	8,217	(18,133)
Other revenues (expenses)	(10,660)	307,869
Net nonoperating revenues	4,191,564	3,082,321
Increase in net position	4,602,660	4,236,128
NET POSITION, beginning of year	92,352,748	88,116,620
NET POSITION, end of year	\$ 96,955,408	\$ 92,352,748

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Statements of Cash Flows**

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**Increase (Decrease) in Cash and Cash Equivalents**

	Years Ended December 31,	
	2019	2018
<b>CASH FLOWS FROM (USED IN) OPERATING ACTIVITIES</b>		
Cash received for leasing and other operations	\$ 11,082,937	\$ 10,707,352
Cash paid to employees	(979,921)	(940,228)
Cash paid on community programs	(7,324,906)	(6,387,525)
Cash paid to suppliers for goods and services	<u>(1,066,450)</u>	<u>(1,249,700)</u>
Net cash from operating activities	<u>1,711,660</u>	<u>2,129,899</u>
<b>CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES</b>		
Cash received from maintenance and operations tax levy for noncapital purposes	2,372,458	2,315,578
Other	<u>251,839</u>	<u>1,526,655</u>
Net cash from noncapital financing activities	<u>2,624,297</u>	<u>3,842,233</u>
<b>CASH FLOWS USED IN CAPITAL AND RELATED FINANCING ACTIVITIES</b>		
Principal payments on long-term debt	(915,001)	(875,000)
Interest paid on long-term debt	(56,099)	(82,350)
Acquisition and construction of capital assets	<u>(85,620)</u>	<u>(5,000)</u>
Net cash used in capital and related financing activities	<u>(1,056,720)</u>	<u>(962,350)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net change in investments	(6,237,791)	(9,602,836)
Investment income	<u>1,773,877</u>	<u>980,383</u>
Net cash from investing activities	<u>(4,463,914)</u>	<u>(8,622,453)</u>
<b>NET CHANGE IN CASH AND CASH EQUIVALENTS</b>	(1,184,677)	(3,612,671)
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>3,119,938</u>	<u>6,732,609</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u>\$ 1,935,261</u>	<u>\$ 3,119,938</u>

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Statements of Cash Flows**

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**Increase (Decrease) in Cash and Cash Equivalents**

	Years Ended December 31,	
	2019	2018
RECONCILIATION OF OPERATING INCOME TO NET CASH FROM OPERATING ACTIVITIES		
Operating income	\$ 411,096	\$ 1,153,807
Adjustments to reconcile operating income (loss) to net cash from operating activities		
Depreciation	1,755,968	1,957,815
Changes in operating assets and liabilities		
Prepaid expenses and other	(5,261)	(917)
Rent receivable	(765,274)	(1,052,757)
Accounts and warrants payable	290,856	9,998
Prepaid lease income	62,885	21,701
Accrued salaries and benefits	(38,610)	40,252
	<u>\$ 1,711,660</u>	<u>\$ 2,129,899</u>
Net cash from operating activities	<u>\$ 1,711,660</u>	<u>\$ 2,129,899</u>

# Public Hospital District No. 2, Snohomish County, Washington

## dba Verdant Health Commission

### Notes to Financial Statements

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#### Note 1 – Organization and Summary of Accounting Policies

**Organization** – Until September 1, 2010, Public Hospital District No. 2 of Snohomish County, Washington (the District), a Washington municipal corporation, was owned and operated as Stevens Hospital (the Hospital), located in Edmonds, Washington. The Hospital is an acute care community hospital with 217 set-up beds. On September 1, 2010, the District entered into an agreement (the Agreement) to lease and operate the Hospital with Swedish Health Services (SHS), a nonprofit corporation. The Agreement included transfer of control of Stevens Foundation (the Foundation), which was organized and formally incorporated as a 501(c)(3) tax-exempt organization. The District is now doing business as Verdant Health Commission.

The District is governed by a board of five elected commissioners. The mission of the District is to improve the health and well-being of the community. This mission will be completed by contracting for services with local organizations, businesses, and government agencies and the establishment of District-operated initiatives. Long-term financial stability will be established by investing available revenues received from SHS, as well as ongoing tax levy revenues, into allowable government funds, thus building adequate reserves in the years to come.

The District began accepting funding proposals in June 2011 in four health priority areas: Education and Empowerment, Prevention, Access to Healthcare Services, and Policy and Advocacy. Funds are available for one-time uses like events and short-term needs in the community, as well as for ongoing health and wellness programs.

The terms of the Agreement specify an initial 30-year term, with two 10-year renewal options. Rental payments to be made by SHS will be \$600,000 per month, with annual escalation of 3% per year on each anniversary date for the first 15 years. The rent is on an absolute net basis, with SHS being responsible for all operating costs associated with the facility. The lease calls for certain approvals by the District that affect the operation of the facility for the following: change in license, major service line changes, union contract representation, and maintenance of an independent medical staff. Per the terms of the agreement, SHS committed to capital investments for the facility, some of which were dependent upon various factors like future profitability, return on investment, and demand criteria, and SHS board approval. The District and SHS formed a strategic collaboration committee to provide oversight for the lease and strategic planning activities for the facility.

The County Treasurer acts as an agent to collect property taxes levied in the county for all taxing authorities. Taxes are levied annually on assessed values as established by the County Assessor. Tax collections are distributed monthly to the District by the County Treasurer. Property taxes are recorded as receivables and revenue when levied. Because state law allows for the sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

In September 1997, the voters of the District approved maintenance and operations (M&O) tax levy upon the taxable property within the District; the M&O tax provided approximately \$2,373,000 of funding in 2019 and \$2,314,000 of funding in 2018. The levy is ongoing in future years. The M&O tax levy funds are reported in the accompanying statements of revenues, expenses, and changes in net position as nonoperating revenues.

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Notes to Financial Statements**

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**Note 1 – Organization and Summary of Accounting Policies (continued)**

**Basis of presentation** – The financial statements reflect the operations of the District using enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

**Use of estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and cash equivalents** – For purposes of the statements of cash flows, the District considers all highly liquid investments (excluding cash and short-term investments included in restricted assets) with a maturity of three months or less when purchased to be cash equivalents.

**Investments** – Investments that are not considered to be cash and cash equivalents or restricted assets are reported at fair value. Investment interest, dividends, and unrealized and realized gains and losses are included in nonoperating income when earned.

**Restricted assets** – As described further in Note 6, the District receives tax levy funds that are used solely for debt service associated with the general obligation bonds. Taxes and interest receivable and scheduled debt service payments temporarily invested prior to becoming due are recorded as restricted assets. All receipts and earnings generated on such investments are reported as nonoperating revenues and expenses.

**Capital assets** – Capital assets are stated at cost. Improvements and replacement of capital assets are capitalized. The District’s capitalization threshold is \$5,000 per item and a useful life of at least two years. Maintenance and repairs are expensed. The cost of capital assets sold or retired and the related accumulated depreciation are removed from the accounts, 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. Assets under capital leases are amortized over the shorter of the lease term or useful life. Amortization attributable to assets acquired under capital leases is included with depreciation as shown in the statements of revenues, expenses, and changes in net position.

The following is a summary of asset lives used:

Buildings and building improvements	2 – 50 years
Equipment	2 – 50 years
Land improvements	2 – 25 years

**Rent receivable** – Rent receivable represents lease revenue on a straight-line basis in excess of lease payments received for applicable lease agreements in accordance with applicable accounting standards.

# Public Hospital District No. 2, Snohomish County, Washington

## dba Verdant Health Commission

### Notes to Financial Statements

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#### Note 1 – Organization and Summary of Accounting Policies (continued)

**Self-insurance liabilities** – The District accrues an estimate of losses and related expenses for its self-insured workers' compensation claims. The District maintains stop-loss insurance for workers' compensation claims in excess of specified amounts. This liability, which is approximately \$100,000 as of December 31, 2019 and 2018, is recorded in the accompanying statements of net position within estimated self-insured liabilities.

**Estimated third-party payer settlements** – Under a contractual agreement with Medicare, the District was paid at an interim rate during the year for certain services and programs. The difference between interim payments and estimated final reimbursement for the cost report year results in a settlement receivable or payable, which may be adjusted in future periods as final settlements are determined. The Medicare program's administrative procedures preclude final determination of settlement amounts until after the annual cost reports have been audited or otherwise reviewed and settled by Medicare. The District's cost reports have been audited by the Medicare fiscal intermediary.

While operating Stevens Hospital, the District participated in the Medicaid Certified Public Expenditures (CPE) program for inpatient reimbursement, which provides for interim payments for certain services and programs. The difference between interim payments and estimated final reimbursement for the Washington State fiscal year results in a settlement receivable or payable, which were adjusted in future periods as final settlements are determined. During 2018, reimbursements for the state fiscal years ended 2004, 2007, 2008, and 2010 were recorded and cash was received in 2019. There are no settlements outstanding as of December 31, 2019. The reimbursements were included in other revenues in the statement of revenues, expenses and changes in net position.

**Net position** – Net position of the District is classified into three components. The net investment in capital assets component of net position consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of related debt that is attributable to the acquisition, construction, or improvement of those assets. The restricted component of net position represents noncapital assets that must be used for a specific purpose. The unrestricted component of net position is the remaining net amount of the assets and liabilities that are not included in the determination of net investment in capital assets or the restricted component of net position.

**Statements of revenues, expenses, and changes in net assets** – For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provision of District services are reported as operating revenues and expenses. All levy income, interest expense, investment income, and other peripheral or incidental transactions are reported as nonoperating revenues and expenses.

**Income taxes** – As a political subdivision of the state of Washington, the District is not subject to federal income tax, because its income is excluded from gross income for federal income tax purposes under Section 115 of the Internal Revenue Code.

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Notes to Financial Statements**

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**Note 1 – Organization and Summary of Accounting Policies (continued)**

**Subsequent events** – Subsequent events are events or transactions that occur after the statements of net position date but before financial statements are available to be issued. The District recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statements of net position, including the estimates inherent in the process of preparing the financial statements. The District’s financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statements of net position but arose after the statements of net position date and before the financial statements are available to be issued.

Subsequent to December 31, 2019, the World Health Organization declared the novel coronavirus outbreak a public health emergency. Given the dynamic nature of these circumstances, it is too early to determine the effect these changes will have on the business in the short term. The District will continue to monitor the situation closely, but given the uncertainty about the situation, we cannot estimate the impact to the financial statements.

The District has evaluated subsequent events through May 22, 2020, which is the date the financial statements are available to be issued.

**Note 2 – Cash, Cash Equivalents, Investments, and Deposits**

The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets, Level 2 inputs are significant other observable inputs, and Level 3 inputs are significant unobservable inputs. The composition of investments, reported at fair value by investment type at December 31, 2019 and 2018, and excluding unrestricted cash, and other assets limited as to use balances of \$1,979,127 and \$3,168,844, respectively, is as follows:

<u>Year Ended</u>	<u>Investment Type</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Percentage of Totals</u>
December 31, 2019	Governmental mutual fund	\$ 53,548,268	100%
December 31, 2018	Governmental mutual fund	\$ 47,257,765	100%

The District makes investments in accordance with Washington State law. Eligible investments include obligations secured by the U.S. Treasury, other obligations of the United States or its agencies, certificates of deposit with approved institutions, eligible bankers’ acceptances, and repurchase agreements (up to 30 days).

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Notes to Financial Statements**

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**Note 2 – Cash, Cash Equivalents, Investments, and Deposits (continued)**

Because the District is a political subdivision of the state, deposits and investments are categorized to give an indication of the risk assumed at year-end. Category 1 includes deposits and investments that are insured, registered, or held in the District's name. Category 2 includes uninsured and unregistered investments that are held by a broker's or dealer's trust department or agent in the District's name. Category 3 includes uninsured and unregistered deposits and investments for which the securities are held by the broker or dealer, or its trust department or agent, but not in the District's name. At December 31, 2019 and 2018, all deposits and investments of the District are categorized as Category 1.

**Credit risk** – Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The District's investment policy limits the types of securities to those authorized by statute; therefore, credit risk is very limited.

**Deposits** – All of the District's deposits are either insured or collateralized. The District's insured deposits are covered by the Federal Deposit Insurance Corporation. Collateral protection is provided by the Washington Public Deposit Protection Commission.

**Custodial credit risk** – Custodial credit risk is the risk that, in the event of a failure of the counterparty, the District will not be able to recover the value of the investment or collateral securities that are in the possession of an outside party. The District is not exposed to custodial credit risk.

**Concentration of credit risk** – Concentration of credit risk is the risk of loss attributed to the magnitude of the District's investment in a single issuer. The District is not exposed to concentration of credit risk because all deposits and investments are insured or collateralized.

**Interest rate risk** – Interest rate risk is the risk that changes in interest rates of debt instruments will adversely affect the fair value of an investment. The District is not exposed to interest rate risk because all deposits and investments are extremely liquid.

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Notes to Financial Statements**

**Note 3 – Capital Assets**

Capital asset additions, retirements, and balances for the years ended December 31, 2019 and 2018, were as follows:

	Beginning Balance January 1, 2019	Additions	Retirements	Account Transfers	Ending Balance December 31, 2019
<b>NONDEPRECIABLE CAPITAL ASSETS</b>					
Land	\$ 7,723,706	\$ -	\$ -	\$ -	\$ 7,723,706
Construction in progress	5,000	71,762	-	(32,607)	44,155
	<u>7,728,706</u>	<u>71,762</u>	<u>-</u>	<u>(32,607)</u>	<u>7,767,861</u>
<b>DEPRECIABLE CAPITAL ASSETS</b>					
Land improvements	2,370,444	-	-	-	2,370,444
Buildings and building improvements	52,646,147	4,968	-	10,479	52,661,594
Equipment	39,434,380	8,890	(2,529,213)	22,128	36,936,185
<b>LESS ACCUMULATED DEPRECIATION</b>					
Land improvements	2,301,767	9,041	-	-	2,310,808
Buildings and building improvements	35,324,924	1,270,264	-	-	36,595,188
Equipment	37,380,710	476,663	(2,529,213)	-	35,328,160
<b>DEPRECIABLE CAPITAL ASSETS, net</b>	<u>19,443,570</u>	<u>(1,742,110)</u>	<u>-</u>	<u>32,607</u>	<u>17,734,067</u>
<b>CAPITAL ASSETS, net</b>	<u>\$ 27,172,276</u>	<u>\$ (1,670,348)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,501,928</u>
	Beginning Balance January 1, 2018	Additions	Retirements	Account Transfers	Ending Balance December 31, 2018
<b>NONDEPRECIABLE CAPITAL ASSETS</b>					
Land	\$ 7,723,706	\$ -	\$ -	\$ -	\$ 7,723,706
Construction in progress	-	5,000	-	-	5,000
	<u>7,723,706</u>	<u>5,000</u>	<u>-</u>	<u>-</u>	<u>7,728,706</u>
<b>DEPRECIABLE CAPITAL ASSETS</b>					
Land improvements	2,370,444	-	-	-	2,370,444
Buildings and building improvements	52,646,147	-	-	-	52,646,147
Equipment	41,488,932	-	(2,054,552)	-	39,434,380
<b>LESS ACCUMULATED DEPRECIATION</b>					
Land improvements	2,292,458	9,309	-	-	2,301,767
Buildings and building improvements	33,929,245	1,395,679	-	-	35,324,924
Equipment	38,882,435	552,827	(2,054,552)	-	37,380,710
<b>DEPRECIABLE CAPITAL ASSETS, net</b>	<u>21,401,385</u>	<u>(1,957,815)</u>	<u>-</u>	<u>-</u>	<u>19,443,570</u>
<b>CAPITAL ASSETS, net</b>	<u>\$ 29,125,091</u>	<u>\$ (1,952,815)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 27,172,276</u>

**Public Hospital District No. 2, Snohomish County, Washington**  
**dba Verdant Health Commission**  
**Notes to Financial Statements**

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**Note 4 – Lessor Agreements**

As referenced in Note 1, the District entered into a lease and operating agreement (the Agreement) with SHS that was dated and effective September 1, 2010. The terms of the Agreement specify an initial 30-year term, with two 10-year renewal options. Rental payments to be made by SHS will be \$600,000 per month, with annual escalation of 3% per year on each anniversary date for the first 15 years. The rental payments will freeze at the rate set during year 15 for the duration of the Agreement. The revenue related to this lease is recorded on a straight-line basis by the District in accordance with applicable accounting standards.

The District also has other lease agreements to lease space to various tenants. In accordance with applicable accounting standards, the revenue from some of these lease agreements is recognized on a straight-line basis and some are recognized in an amount equal to their required lease payments. Other lease agreements include a lease that matures in 2101. The future lease payments for this lease from 2045–2101 are approximately \$56,000 per year for a total \$3,190,000. This portion is excluded from the table below.

Rental payments to be received under these agreements are as follows:

	Straight-Line Recognition		Leases Recognized Based on Required Lease Payments	Total
	Lease of Hospital	Other Leases		
2020	\$ 9,488,000	\$ 654,000	\$ 592,000	\$ 10,734,000
2021	9,773,000	560,000	573,000	10,906,000
2022	10,066,000	494,000	244,000	10,804,000
2023	10,368,000	508,000	251,000	11,127,000
2024	10,679,000	289,000	129,000	11,097,000
2025–2029	55,869,000	280,000	-	56,149,000
2030–2034	56,087,000	280,000	-	56,367,000
2035–2039	56,087,000	280,000	-	56,367,000
2040–2044	7,478,000	280,000	-	7,758,000
	<u>\$ 225,895,000</u>	<u>\$ 3,625,000</u>	<u>\$ 1,789,000</u>	<u>\$ 231,309,000</u>

**Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission  
Notes to Financial Statements**

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**Note 5 – Long-Term Debt**

The balances of the District's long-term debt at December 31 are set forth below:

	2019	2018
LTGO Refunding Bonds, 2012, 3.00% principal due serially on December 1 in amount of \$955,000 in 2020, including unamortized premium of \$56,860 in 2019 and \$118,890 in 2018.	\$ 1,011,860	\$ 1,988,890
Less current portion	(1,011,860)	(1,033,890)
Long-term debt, net of current portion	\$ -	\$ 955,000

Long-term debt and other long-term liability activity summary for 2019 and 2018 is as follows:

	January 1, 2019	Additions	Reductions	December 31, 2019	Principal Amounts Due Within One Year
LONG-TERM DEBT					
2012 LTGO Bond	\$ 1,988,890	\$ -	\$ (977,030)	\$ 1,011,860	\$ (955,000)
	January 1, 2018	Additions	Reductions	December 31, 2018	Principal Amounts Due Within One Year
LONG-TERM DEBT					
2012 LTGO Bond	\$ 2,925,919	\$ -	\$ (937,029)	\$ 1,988,890	\$ (915,000)

**Note 6 – Property Taxes**

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

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly to the District by the County Treasurer. The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general District purposes. Washington State Constitution and Washington State Law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by the vote of the people.

For 2019 and 2018, the District's regular tax levy was \$0.069 and \$0.076 per \$1,000 on a total assessed valuation of \$34,558,417,554 and \$30,508,499,946, for a total regular levy of \$2,372,553 and \$2,314,521, respectively.

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

# Public Hospital District No. 2, Snohomish County, Washington

## dba Verdant Health Commission

### Notes to Financial Statements

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#### Note 7 – Retirement Plan

The District sponsors a 401(a) plan and a 457 plan that are available to all benefit-eligible employees working over 20 hours per week. Employees are eligible to contribute at their hire date. Employees contribute to the 457 plan at their discretion. Employee contributions were approximately \$56,000 and \$47,000 during the years ended December 31, 2019 and 2018, respectively. The District contributes to the 401(a) plan at 3% of employee wages with an additional matching contribution of up to 3% of the amount contributed by the employee to the 457 plan. The District's policy is to fully fund the contributions. The District contributed approximately \$42,000 and \$43,000 during the years ended December 31, 2019 and 2018, respectively.

#### Note 8 – Commitments and Contingencies

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

The hospital 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 hospital program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government agencies are actively conducting investigations concerning possible violations of fraud and abuse statutes and regulations by hospital providers. Violations of these laws and regulations could result in expulsion from government hospital programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with the fraud and abuse regulations, as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

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

To the Board of Commissioners  
Public Hospital District No. 2, Snohomish County, Washington  
dba Verdant Health Commission

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the District as of and for the year ended December 31, 2019, and the related notes to the financial statements, which collectively comprise Public Hospital District No. 2, Snohomish County, Washington dba Verdant Health Commission (the District), financial statements, and have issued our report thereon dated May 22, 2020.

### **Internal Control Over Financial Reporting**

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

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

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

### **Compliance and Other Matters**

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

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Everett, Washington  
May 22, 2020

