

Report of Independent Auditors and  
Financial Statements with  
Required Supplementary Information

**Palomar Health**

June 30, 2025 and 2024

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## **Management's Discussion and Analysis**

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# Palomar Health

## Management's Discussion and Analysis

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### Overview

Palomar Health (PH or the District) is a public health care district and is a political subdivision of the state of California (the State) organized pursuant to Division 23 of the Health and Safety Code of the State.

This section of PH's annual financial report presents management's discussion and analysis of the financial performance for the years ended June 30, 2025 and 2024. Although the 2023 condensed statement of net position, the condensed statement of revenue, expenses, and changes in net position, and the condensed statement of cash flows are presented in this section, they are not presented in the accompanying audited financial statements and notes to the financial statements. PH adopted the provisions of Governmental Accounting Standards Board (GASB) Statement No. 96, *Subscription Based Information Technology Arrangements (SBITA)*, effective July 1, 2022. We encourage the reader to consider the information presented here in conjunction with the audited financial statements that follow this section. This annual financial report includes:

- Management's Discussion and Analysis
- Report of Independent Auditors
- Financial statements of PH, including notes that explain in more detail some of the information in the financial statements
- Schedule of changes in total Other Post Retirement Benefits (OPEB) liability and related ratios

The financial statements of PH include the financial statements of Arch Health Partners, Inc., dba Palomar Health Medical Group (PHMG); Pacific Accountable Management San Diego, LLC (PAM-SD); Pacific Accountable Management, LLC (PAM); Pacific Accountable Care, LLC (PAC); and Palomar Health Development, Inc. In accordance with GASB Codification Section 2100, *The Financial Reporting Entity*, for financial reporting purposes, PH's reporting entity includes PHMG as a blended component unit as a result of the fiscal dependency of PHMG on PH, and because PH is the sole corporate member of PHMG. Effective August 31, 2017, PH, PHMG, and U.S. Bank National Association added PHMG as an additional member of the Obligated Group created pursuant to the Master Trust Indenture. PH and PHMG collectively own 100% of PAC, PAM, and PAM-SD. Therefore, PAC, PAM, are included as blended components of PH's reporting entity. As of June 30, 2024, PAM and PAM-SD were dissolved. On May 1, 2024, PHMG purchased a 50% share in the Escondido branch of North County Radiology Associates (NCRE), formerly San Diego Imaging. PH previously owned 50% of the venture, and as such NCRE is now reflected as a blended component unit in the financial statements for PH. On August 1, 2024, PHMG purchased the remaining assets from, North County Emergency Medical Associates, a California corporation, including the emergency and trauma call agreement that it held with Palomar Health to provide emergency and trauma call services. A new group, San Diego Emergency Medical Associates (SANDEMA), was formed to provide these services to PH. SANDEMA is wholly owned by PHMG and is reflected as a blended component unit in the financial statements for PH. Unless otherwise indicated, amounts presented in Management's Discussion and Analysis are in thousands.

# Palomar Health

## Management's Discussion and Analysis

### Required Financial Statements

#### Statements of Net Position

The statements of net position include all of PH's assets and liabilities. They also provide information about the nature and amounts of investments in resources (assets), obligations to PH's creditors (liabilities), and net position, which is the difference between assets and liabilities. The statements of net position also provide the basis for evaluating the capital structure of PH and assessing the liquidity and financial flexibility of PH.

Table 1: Assets, Deferred Outflow of Resources, Liabilities, Deferred Inflow of Resources, and Net Position as of June 30:

ASSETS AND DEFERRED OUTFLOW OF RESOURCES							
	2025	2024	2023	2025-2024 Change		2024-2023 Change	
				Amount	Percentage	Amount	Percentage
CURRENT ASSETS	\$ 410,151	\$ 474,744	\$ 606,243	\$ (64,593)	-14%	\$ (131,499)	-22%
CAPITAL ASSETS, net	954,106	978,264	978,325	(24,158)	-2%	(61)	0%
RIGHT-TO-USE LEASE AND SBITA ASSETS, net	320,420	360,613	298,629	(40,193)	-11%	61,984	21%
NONCURRENT ASSETS	206,881	209,845	216,273	(2,964)	-1%	(6,428)	-3%
Total assets	1,891,558	2,023,466	2,099,470	(131,908)	-7%	(76,004)	-4%
DEFERRED OUTFLOW OF RESOURCES	44,278	47,107	49,833	(2,829)	-6%	(2,726)	-5%
Total assets and deferred outflow of resources	\$ 1,935,836	\$ 2,070,573	\$ 2,149,303	\$ (134,737)	-7%	\$ (78,730)	-4%
LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION							
CURRENT LIABILITIES	\$ 342,768	\$ 262,894	\$ 254,124	\$ 79,874	30%	\$ 8,770	3%
OTHER NONCURRENT LIABILITIES	8,709	7,051	3,636	1,658	24%	3,415	94%
LONG-TERM DEBT, net of current portion	1,368,852	1,390,852	1,393,764	(22,000)	-2%	(2,912)	0%
LEASE AND SBITA OBLIGATIONS, net	335,318	363,245	299,604	(27,927)	-8%	63,641	-
Total liabilities	2,055,647	2,024,042	1,951,128	31,605	2%	72,914	4%
DEFERRED INFLOW OF RESOURCES	94,409	102,743	75,362	(8,334)	-8%	27,381	36%
Total liabilities and deferred inflow of resources	2,150,056	2,126,785	2,026,490	23,271	1%	100,295	5%
INVESTED IN CAPITAL ASSETS, net of related debt	(312,349)	(284,659)	(261,316)	(27,690)	10%	(23,343)	9%
RESTRICTED, expendable for							
Repayment of debt	46,926	48,143	48,493	(1,217)	-3%	(350)	-1%
Capital acquisitions	712	2,206	5,109	(1,494)	-68%	(2,903)	-57%
Other purposes	358	357	356	1	0%	1	0%
UNRESTRICTED	50,133	177,741	330,171	(127,608)	-72%	(152,430)	-46%
Total net position	(214,220)	(56,212)	122,813	(158,008)	281%	(179,025)	-146%
Total liabilities, deferred inflow of resources, and net position	\$ 1,935,836	\$ 2,070,573	\$ 2,149,303	\$ (134,737)	-7%	\$ (78,730)	-4%

#### 2025: Analysis of the Statement of Net Position from 2024 to 2025

- Current assets decreased by \$64,593 or 14% during the year ended June 30, 2025, primarily due to a decrease in cash of \$1,220, a decrease in AR of \$20,621, a decrease in investments of \$32,917, and a decrease in estimated third-party settlements receivable of \$16,633 offset by a increase in restricted cash and investments, current of \$6,136.
- Right-to-use lease and SBITA assets, net decreased \$40,193 or 11% primarily due to subscription agreements terminating.

## Palomar Health

### Management's Discussion and Analysis

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- Noncurrent assets decreased by \$2,964 or 1% primarily due to a decrease in total restricted cash and investments of \$19,205, estimated third-party payor settlements of \$24,356, and a decrease in lease receivables of \$5,779.
- Current liabilities increased by \$79,874 or 30% primarily due to an increase in other accrued liabilities of \$18,748, an increase in accounts payable \$43,659, and an increase in accrued compensation and related liabilities of \$8,263. This increase is largely offset by a decrease in Medicare accelerated payments of \$8,340, and a decrease in the current portion of SBITA obligations of \$2,419.
- Noncurrent liabilities decreased by \$48,269 or 3% due to a decrease in other long-term debt, net of current portion of \$10,758, general obligation bonds net of current portion of \$11,242, lease obligation, net of current portion of \$23,520, and SBITA obligations, net of current portion of \$4,407, offset by an increase in workers compensation of \$1,658.
- Deferred inflow of resources decreased by \$8,334 or 8% due to the absence of sale and leaseback transactions in FY25.
- Net position decreased by \$158,008 or 281% due to loss in net position of \$158,008, an increase of \$6,655 in other expenses, net, offset by a decrease in interest expense of \$100.

#### **2024: Analysis of the Statement of Net Position from 2023 to 2024**

- Current assets decreased by \$131,499 or 22% during the year ended June 30, 2024, primarily due to a decrease in cash of \$46,063, a decrease in patient accounts receivable, net of allowances for uncollectible accounts of \$28,369, a decrease in investments of \$71,812, offset by and an increase in estimated third-party settlements receivable of \$16,604 and an increase in restricted cash and investments, current of \$8,027.
- Right-to-use lease and SBITA assets, net increased \$61,984 or 21% primarily due to Palomar Health entering into three sale and leaseback transactions during the year.
- Noncurrent assets decreased by \$6,428 or 3% primarily due to a decrease in total restricted cash and investments of \$34,811 offset by an increase in lease receivables of \$28,905 and investment in affiliated entities of \$2,273.
- Current liabilities increased by \$8,770 or 3% primarily due to an increase in current portion of lease obligations \$4,449, an increase in accrued compensation and related liabilities of \$4,642 and an increase of accrued interest payable of \$1,526, offset by a decrease in other accrued liabilities of \$4,332 and accounts payable of \$12,453.
- Noncurrent liabilities increased by \$64,144 or 4% due to an increase in other long-term debt, net of current portion of \$5,230, worker's compensation of \$3,415, and lease obligation, net of current portion of \$64,963, offset by decrease in SBITA obligations, net of current portion of \$1,322 and general obligation bonds, net of current portion of \$8,142.

## Palomar Health Management's Discussion and Analysis

- Deferred inflow of resources increased by \$27,381 or 36% due to the deferred gains related to the sale leaseback transactions which are being amortized over the terms of the related lease agreements.
- Net position decreased by \$179,025 or 146% due to loss in net position of \$179,025, a decrease in interest expense of \$4,118, and a decrease of \$10,789 in other, net.

**Statements of revenue, expenses, and changes in net position** – All of PH's revenue, expenses, and changes in net position are included in the statements of revenue, expenses, and changes in net position. The financial statements measure the success of PH's operations during the years presented and are used to determine if PH has successfully recovered all of its costs through its fees and other sources of revenue. It also shows profitability and creditworthiness. Over time, increases or decreases in PH's net position are one indicator of PH's financial health.

In accordance with accounting principles generally accepted in the United States of America (also known as GAAP or generally accepted accounting principles) for governmental health care providers, PH's statements of revenue, expenses, and changes in net position reflect nonoperating income (expenses) including interest expense, which for nongovernment hospitals is typically grouped as an operating expense. While these GASB requirements make district hospitals conform to other governmental entities, such as cities and counties, they may be less comparable to nongovernment hospitals because of these GASB requirements. This must be a consideration of any comparison of PH to nonprofit and for-profit hospitals.

Table 2: Operating Results and Changes in Net Position for the years ended June 30:

	2025	2024	2023	2025–2024 Change		2024–2023 Change	
				Amount	Percentage	Amount	Percentage
OPERATING REVENUE							
Net patient service revenue	\$ 789,218	\$ 754,178	\$ 851,214	\$ 35,040	5%	\$ (97,036)	-11%
Shared risk revenue	104,136	108,403	108,702	(4,267)	-4%	(299)	0%
Other revenue	24,362	27,472	26,772	(3,110)	-11%	700	3%
Total operating revenue	917,716	890,053	986,688	27,663	3%	(96,635)	-10%
OPERATING EXPENSES	1,054,257	1,055,151	1,016,163	(894)	0%	38,988	4%
(LOSS) INCOME FROM OPERATIONS	(136,541)	(165,098)	(29,475)	28,557	-17%	(135,623)	460%
NONOPERATING INCOME (EXPENSE)							
Investment income (loss)	19,010	20,309	12,836	(1,299)	-6%	7,473	58%
Change in value of interest rate swap	-	-	5,325	-	0%	(5,325)	-100%
Interest expense	(89,237)	(89,137)	(85,019)	(100)	0%	(4,118)	5%
Property tax revenue – unrestricted	24,372	23,366	21,983	1,006	4%	1,383	6%
Property tax revenue – restricted	47,782	46,821	48,011	961	2%	(1,190)	-2%
Amortization expense	(17,720)	(16,267)	(11,885)	(1,453)	9%	(4,382)	37%
Other, net	(5,674)	981	11,770	(6,655)	-678%	(10,789)	-92%
Total non-operating income (expense), net	(21,467)	(13,927)	3,021	(7,540)	54%	(16,948)	-561%
CHANGE IN NET POSITION	(158,008)	(179,025)	(26,454)	21,017	-12%	(152,571)	577%
NET POSITION, beginning of year	(56,212)	122,813	149,267	(179,025)	-146%	(26,454)	-18%
NET POSITION, end of year	\$ (214,220)	\$ (56,212)	\$ 122,813	\$ (158,008)	281%	\$ (179,025)	-146%

## Palomar Health

### Management's Discussion and Analysis

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#### **2025: Analysis of the Statement of Revenue, Expenses, and Changes in Net Position from 2024 to 2025**

- Total operating revenue increased by \$27,663 or 3% during the year ended June 30, 2025, due to an increase in net patient revenue primarily related to increases in volume and changes to Medi-Cal supplemental programs.
- Operating expenses are those expenses related to the treatment of patients as well as overhead and administrative expenses. Operating expenses decreased by \$894 or 0% during the year ended June 30, 2025, primarily due cost saving efforts. Salaries, wages, and benefits decreased by \$7,453 due to the changes in nursing incentives as well as expense reduction initiatives. Professional fees decreased by \$7,785 due to cost saving efforts. Rent decreased by \$254 due to amended lease agreements during the year. Purchased services fees increased by \$13,071. Depreciation and amortization increased by \$2,912, and supplies increased by \$5,622. Nonoperating expenses, net decreased by \$7,540 during the year ended June 30, 2025. Investment income decreased by \$1,299 due to the impact of current interest rates. Unrestricted property tax revenue increased by \$1,006 while restricted property tax revenue for G.O. Bonds increased by \$961. Non-operating amortization expense increased by \$1,453 and Other expenses, net increased by \$6,655.
- As a result of the factors noted above, net position decreased by \$158,008 or 281% during the year ended June 30, 2025.

#### **2024: Analysis of the Statement of Revenue, Expenses, and Changes in Net Position from 2023 to 2024**

- Total operating revenue decreased by \$96,635 or 10% during the year ended June 30, 2024, due to a decrease in net patient revenue primarily related to the transition to Medical Managed Care.
- Operating expenses are those expenses related to the treatment of patients as well as overhead and administrative expenses. Operating expenses increased by \$38,988 or 4% during the year ended June 30, 2024, primarily due to salaries, wages, and benefits, professional fees, rent expense, utilities, and other expenses. Salaries, wages, and benefits increased by \$12,834 due to an increase in nurse salaries and incentives. Professional fees increased by \$9,642 due to increase in outside services related to human resources and cash collections. Rent increased by \$3,925 due to amended lease agreements during the year. Purchased services fees increased by \$4,229. Depreciation and amortization increased by \$4,628, and other expenses increased by \$9,375.
- Nonoperating income (expenses), net decreased by \$16,948 during the year ended June 30, 2024. Investment income increased by \$7,473 due to the impact of current interest rates. Unrestricted property tax revenue increased by \$1,383 while restricted property tax revenue for G.O. Bonds decreased by \$1,190. Non-operating amortization expense increased by \$4,382 and Other, net decreased by \$10,789.
- As a result of the factors noted above, net position decreased by \$179,025 or 146% during the year ended June 30, 2024.



## Palomar Health Management's Discussion and Analysis

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### Statements of Cash Flows

The statements of cash flows report cash receipts, cash payments, and net changes in cash resulting from operating, investing, and financing activities, which provides answers to such questions as to the sources and uses of cash, and what was the change in the cash balance during the reporting year.

Table 3: Statement of Cash Flows for the years ended June 30:

	2025	2024	2023	2025–2024 Change		2024–2023 Change	
				Amount	Percentage	Amount	Percentage
CASH FLOWS FROM							
Operating activities	\$ 27,655	\$ (58,957)	\$ (19,748)	\$ 86,612	-147%	\$ (39,209)	199%
Noncapital financing activities	24,372	23,366	21,983	1,006	4%	1,383	6%
Capital and related financing activities	(122,286)	(129,377)	22,817	7,091	-5%	(152,194)	-667%
Investing activities	69,039	118,905	13,012	(49,866)	-42%	105,893	814%
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(1,220)	(46,063)	38,064	44,843	-97%	(84,127)	-221%
CASH AND CASH EQUIVALENTS, beginning of year	23,865	69,928	31,864	(46,063)	-66%	38,064	119%
CASH AND CASH EQUIVALENTS, end of year	<u>\$ 22,645</u>	<u>\$ 23,865</u>	<u>\$ 69,928</u>	<u>\$ (1,220)</u>	-5%	<u>\$ (46,063)</u>	-66%

### 2025: Analysis of the Statement of Cash Flows from 2024 to 2025

- Net cash provided by operating activities reflected an increase of \$86,613 during the year ended June 30, 2025, over the year ended June 30, 2024. This increase is primarily due to a decrease in receipts from patients of \$42,684 offset by a decrease in receipts from other sources of \$29,118 and a decrease in payments to suppliers of \$69,024 combined with a decrease in payments to employees of \$4,023.
- Net cash inflows provided by noncapital financing activities reflected an increase of \$1,006 during the year ended June 30, 2025, due to an increase in district tax revenue receipts of \$1,006.
- Net cash outflows used in capital and related financing activities decreased by \$7,090, due to the decrease in acquisition and construction of capital assets of \$20,807, a decrease in interest payments on long-term debt of \$1,358, a decrease in principal repayments on long-term debt of \$2,810, and a decrease on the principal repayment on lease obligations of \$8,272. The reduction is offset by the new issuance of short-term debt with UCSD of \$20,000 compared to FY2024.
- Net cash inflows from investing activities during the year ended June 30, 2025, decreased by \$49,866 primarily due to a decrease in purchase of investments of \$120,422, offset by an increase of sale of investments of \$174,797.
- The ending cash and cash equivalents of \$22,245 as of June 30, 2025, reflect the checking account and overnight investment balances held by PH. In addition, PH held investments of \$24,464 as of June 30, 2025, with maturities of one year or less which are classified as current assets.

## Palomar Health Management's Discussion and Analysis

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### 2024: Analysis of the Statement of Cash Flows from 2023 to 2024

- Net cash outflows used in operating activities reflected a decrease of \$39,209 during the year ended June 30, 2024, over the year ended June 30, 2023. This decrease is primarily due to a decrease in receipts from patients of \$20,944 offset by an increase in receipts from other sources, an increase of payments to suppliers of \$55,032 combined with an increase in payments to employees of \$5,432.
- Net cash inflows provided by noncapital financing activities reflected an increase of \$1,383 during the year ended June 30, 2024, due to an increase in district tax revenue receipts of \$1,383.
- Net cash outflows used in capital and related financing activities decreased by \$152,194, due to the decrease in proceeds from issuance of long-term debt of \$237,955, primarily due to absence of a one-time bond refinancing event that occurred during the year ended June 30, 2023, and a reduction in proceeds from sale of capital assets of \$34,937. The reduction is offset by a note obtained from Sharp Healthcare through a loan agreement and exclusivity arrangement for \$25,000.
- Net cash inflows from investing activities during the year ended June 30, 2024, increased by \$105,893 primarily due to a decrease in purchase of investments of \$239,414, offset by an increase of sale of investments of \$135,913.

The ending cash and cash equivalents of \$23,865 as of June 30, 2024, reflect the checking account and overnight investment balances held by PH. In addition, PH held investments of \$61,381 as of June 30, 2024, with maturities of one year or less which are classified as current assets.

### Capital Assets and Long-term Debt

In 2004, the board of directors approved the Facilities Master Plan budgeted at \$1,057,000. In November 2004, the residents of the District voted and approved to fund \$496,000 of this expansion by the issuance of G.O. Bonds. Payment for these bonds was funded by an *ad valorem* property tax levied on District residents. The approximate amount of the tax levy for each taxable property was 0.032% and 0.033% of assessed value during the years ended June 30, 2025 and 2024, respectively. The levy was established by a board of directors' resolution each year in an amount sufficient to service the debt for the upcoming year together with a reserve amount.

One of the major components of the Facilities Master Plan included the construction of Palomar Medical Center. On August 19, 2012, PH opened the 288-bed facility, which includes critical, intermediate, and general inpatient care, surgical and interventional services, a women's center, and emergency and trauma services.

Other current building projects include the renovation of existing hospital facilities at various locations in the District and construction of a medical office building and parking structure.

## **Palomar Health**

### **Management's Discussion and Analysis**

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PH has six outstanding revenue bonds and five outstanding G.O. Bonds that are classified as long-term debt. The revenue bonds are comprised of the 2017 COP, 2021 COP, 2022 COPs (taxable and tax-exempt) and the 2016 and 2017 Refunding Revenue Bonds. The G.O. Bonds are comprised of the Series 2007A, 2009A, 2010A, and 2016 A and B bonds. Principal payments of \$8,530 and \$8,110 during the years ended June 30, 2025 and 2024, respectively, reduced the revenue bonds' principal to \$692,700 and \$701,230. Principal payments of \$9,480 and \$8,794 during the years ended June 30, 2025 and 2024, respectively, reduced the G.O. Bonds' principal to \$381,893 and \$391,373. All debt payments have been made timely. As of and for the year ended June 30, 2025, PH violated the associated debt and insurance covenants. PH has obtained a forbearance agreement related to the covenants and a waiver where needed. See Note 11 in the accompanying footnotes of the financial statements.

#### **Liquidity and Capital Resources**

PH's unrestricted liquid assets as of June 30, 2025, were \$51,109, including \$22,645 in operating cash and \$28,464 in unrestricted investments stated at fair market value. PH's unrestricted liquid assets as of June 30, 2024, were \$85,246, including \$23,865 in operating cash and \$61,381 in unrestricted investments stated at fair market value. The current liquidity position represents a \$34,137 decrease from the \$85,246 in available liquidity as of June 30, 2024, and equaled 7% of the total outstanding debt as of June 30, 2025 (excluding the existing G.O. Bonds, which are paid from ad valorem property taxes), as compared to available liquidity representing 11% of total outstanding debt as of June 30, 2024.

#### **Economic and Other Factors**

The challenge of meeting constant capital needs and consumer demands becomes more difficult as the health care industry is highly dependent upon a number of factors that could have a significant effect on the operations and financial condition of PH. The healthcare industry is moving towards value-based care which requires improved efficiency and quality measures. As PH shifts towards these patient-centric drivers, inpatient utilization rates will lower with the decrease in readmission rates and improved continuum of care management.

Government payors continue to present reimbursement challenges for healthcare providers as the reimbursement rates are set annually with no ability for negotiation on rates and terms. Medicare continues to look for additional ways to cut medical costs by way of reimbursement modeling. Quality-based reimbursement methods incentivize health care providers to improve quality outcomes and patient experiences and penalize those who are not able to meet these measures. Contractually negotiated commercial payments, while based on an agreed-upon reimbursement methodology, are susceptible to shifts in demand, patterns of patient services, and are sensitive to a more competitive market. At the same time, labor shortages and expanding regulatory requirements related to the healthcare industry continue to drive up the cost of providing care. To mitigate these reimbursement and cost pressures, PH has employed a variety of strategies, including discontinuation of select services and sale and leaseback of certain properties.

## **Palomar Health**

### **Management's Discussion and Analysis**

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On March 11, 2020, the World Health Organization officially declared COVID-19, the disease caused by the novel coronavirus, a pandemic. Though the pandemic officially ended in May of 2023, the impact on healthcare labor markets has persisted. Shortages of nurses, physicians, and other hospital personnel has driven up the cost of providing patient care. PH has employed a number of hiring and retention strategies to reduce reliance on contract labor, though costs remain significantly higher than pre-pandemic norms.

#### **Union Contract**

PH and two labor unions, the California Nurses Association (CNA) and the Caregivers Healthcare Employees Union (CHEU), recently reached new agreements. New contracts were ratified with both bargaining units on November 6, 2024, and in effect until May 31, 2028.

*Finance contact* – PH's financial statements are designed to present users with a general overview of PH's finances and to demonstrate PH's accountability. If you have any questions about the report or need additional financial information, please contact the Chief Financial Officer, PH, 2125 Citracado Pkwy., Suite 300, Escondido, California 92029.

## **Report of Independent Auditors**

The Board Audit and Compliance Committee  
Palomar Health

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

#### ***Opinion***

We have audited the financial statements of Palomar Health, which comprise the statements of net position as of June 30, 2025 and 2024, and the related statements of revenue, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Palomar Health as of June 30, 2025 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Palomar Health 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 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 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 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 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 Palomar Health'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 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Palomar Health'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.

***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that management's discussion and analysis, and Schedule of Changes in the Net Other Postemployment Benefits Liability and Related Ratios, as listed in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, 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 basic financial statements, and other knowledge we obtained during our audit of the basic 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.

*Baker Tilly US, LLP*

Irvine, California  
November 24, 2025

## **Financial Statements**

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**Palomar Health**  
**Statements of Net Position**  
**(Dollars in Thousands)**  
**Years Ended June 30, 2025 and 2024**

	Years Ended June 30, 2025	2024
<b>ASSETS AND DEFERRED OUTFLOW OF RESOURCES</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 22,645	\$ 23,865
Investments	28,464	61,381
Patient accounts receivable, net of allowances for uncollectible accounts of \$132,063 in 2025 and \$126,520 in 2024	161,001	181,718
Other receivables	39,257	37,003
Supplies and inventories	12,870	12,964
Prepaid expenses and other	10,931	12,333
Estimated third-party payor settlements receivable, current	58,674	75,307
Restricted cash and investments, current	76,309	70,173
Total current assets	410,151	474,744
<b>RESTRICTED NONCURRENT CASH AND INVESTMENTS</b>		
Held by trustee under indenture agreements	86,637	104,322
Held by trustee under general obligation bonds indenture	76,253	70,144
Held in escrow for street improvements	712	2,206
Restricted by donor and other	358	357
Total restricted cash and investments	163,960	177,029
Less: amounts required to meet current obligations	76,309	70,173
Total restricted noncurrent cash and investments	87,651	106,856
<b>CAPITAL ASSETS, net</b>	954,106	978,264
<b>LEASE RIGHT-TO-USE ASSETS, net</b>	302,074	334,629
<b>SUBSCRIPTION-BASED TECHNOLOGY ARRANGEMENTS (SBITA)</b>	18,346	25,984
<b>ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS RECEIVABLE, net of current portion</b>	36,856	12,500
<b>OTHER ASSETS</b>		
Prepaid debt insurance costs	8,135	8,603
Investment in and amounts due from affiliated entities	6,370	6,501
Leases receivable	66,067	71,846
Other	1,802	3,539
Total other assets	82,374	90,489
Total assets	1,891,558	2,023,466
<b>DEFERRED OUTFLOW OF RESOURCES</b>		
loss on refunding of debt	44,278	47,107
Total assets and deferred outflow of resources	\$ 1,935,836	\$ 2,070,573

See accompanying notes.

**Palomar Health**  
**Statements of Net Position**  
**(Dollars in Thousands)**  
**Years Ended June 30, 2025 and 2024**

	Years Ended June 30,	
	2025	2024
<b>LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 108,051	\$ 64,392
Accrued compensation and related liabilities	68,058	59,795
General obligation bonds, current	10,157	9,480
Other long-term debt, current	34,275	17,518
Lease obligations, current	15,948	14,406
SBITA obligations, current	8,714	11,133
Estimated third-party payor settlements payable, current	-	8,340
Other accrued liabilities	67,636	48,888
Accrued interest payable	29,929	28,942
Total current liabilities	342,768	262,894
WORKERS' COMPENSATION, net of current portion	8,709	7,051
GENERAL OBLIGATION BONDS, net of current portion	626,917	638,159
OTHER LONG-TERM DEBT, net of current portion	741,935	752,693
LEASE OBLIGATIONS, net of current portion	327,685	351,205
SBITA OBLIGATIONS, net of current portion	7,633	12,040
Total liabilities	2,055,647	2,024,042
DEFERRED INFLOW OF RESOURCES	94,409	102,743
Total liabilities and deferred inflow of resources	2,150,056	2,126,785
<b>COMMITMENTS AND CONTINGENCIES (Note 15)</b>		
<b>NET POSITION</b>		
Invested in capital assets, net of related debt	(312,349)	(284,659)
Restricted, expendable for		
Repayment of debt	46,926	48,143
Capital acquisitions	712	2,206
Other purposes	358	357
Unrestricted	50,133	177,741
Total net position	(214,220)	(56,212)
Total liabilities, deferred inflow of resources, and net position	\$ 1,935,836	\$ 2,070,573

See accompanying notes.

**Palomar Health**  
**Statements of Revenue, Expenses, and Changes in Net Position**  
**(Dollars in Thousands)**  
**Years Ended June 30, 2025 and 2024**

	Years Ended June 30,	
	2025	2024
<b>OPERATING REVENUE</b>		
Patient service revenue, net of provision for uncollectible accounts of \$122,713 in 2025 and \$104,316 in 2024	\$ 789,218	\$ 754,178
Shared risk revenue	104,136	108,403
Other revenue	24,362	27,472
Total operating revenue	917,716	890,053
<b>OPERATING EXPENSES</b>		
Salaries, wages, and benefits	644,656	652,109
Professional fees	47,812	55,597
Supplies	131,712	126,090
Purchased services	113,241	100,170
Depreciation and amortization	73,087	64,026
Rent expense	11,762	18,165
Utilities	5,721	6,465
Other	26,266	32,529
Total operating expenses	1,054,257	1,055,151
<b>LOSS FROM OPERATIONS</b>	(136,541)	(165,098)
<b>NONOPERATING INCOME (EXPENSES)</b>		
Investment income	19,010	20,309
Interest expense	(89,237)	(89,137)
Property tax revenue – unrestricted	24,372	23,366
Property tax revenue – restricted	47,782	46,821
Amortization expense	(17,720)	(16,267)
Other (expense) income, net	(5,674)	981
Total non-operating expenses, net	(21,467)	(13,927)
<b>CHANGE IN NET POSITION</b>	(158,008)	(179,025)
<b>NET POSITION, beginning of year</b>	(56,212)	122,813
<b>NET POSITION, end of year</b>	<u>\$ (214,220)</u>	<u>\$ (56,212)</u>

See accompanying notes.

**Palomar Health**  
**Statements of Cash Flows**  
**(Dollars in Thousands)**  
**Years Ended June 30, 2025 and 2024**

	Years Ended June 30,	
	2025	2024
<b>CASH FROM OPERATING ACTIVITIES</b>		
Receipts from		
Patients, insurers, and other third-party payors	\$ 925,370	\$ 882,686
Other sources	3,709	32,827
Payments to		
Employees	(643,444)	(647,467)
Suppliers	(257,980)	(327,003)
Net cash provided by (used in) operating activities	27,655	(58,957)
<b>CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES</b>		
Receipt of district taxes	24,372	23,366
Net cash provided by noncapital financing activities	24,372	23,366
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES</b>		
Acquisition and construction of capital assets	(29,617)	(50,424)
Interest payments on long-term debt	(71,556)	(72,914)
Interest payments on lease and SBITA obligations	(17,339)	(14,697)
Proceeds from issuance of long-term debt	20,000	25,000
Principal repayment on long-term debt	(20,652)	(23,462)
Principal repayment on lease obligations	(34,732)	(26,461)
Proceeds from sale of capital assets	(47)	87
Service on general obligation bonds	47,782	46,821
Other	(16,125)	(13,327)
Net cash used in capital and related financing activities	(122,286)	(129,377)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	(115,173)	(235,595)
Proceeds from sale of investments	172,860	347,657
Interest received on investments and notes receivable	11,352	6,843
Net cash provided by investing activities	69,039	118,905
<b>NET DECREASE IN CASH AND CASH EQUIVALENTS</b>	(1,220)	(46,063)
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	23,865	69,928
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u>\$ 22,645</u>	<u>\$ 23,865</u>

See accompanying notes.

**Palomar Health**  
**Statements of Cash Flows**  
**(Dollars in Thousands)**  
**Years Ended June 30, 2025 and 2024**

	Years Ended June 30,	
	2025	2024
RECONCILIATION OF LOSS FROM OPERATIONS		
TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
Loss from operations	\$ (136,541)	\$ (165,098)
Adjustments to reconcile loss from operations		
to net cash provided by operating activities		
Depreciation and amortization	45,583	44,345
Amortization of lease right-of-use asset	29,973	26,716
Amortization of SBITA	15,251	9,232
Provision for bad debts	92,719	104,316
Equity loss (gains) of affiliates	1,330	(1,623)
(Gain) loss on disposal of fixed assets	(1,988)	7,682
Changes in assets and liabilities		
Patient accounts receivable	(69,002)	(75,947)
Other receivables	2,379	5,355
Supplies and inventories	94	316
Prepaid expenses and other	1,404	4,215
Estimated third-party payor settlements	(16,063)	(8,264)
Other, net	(1,366)	(27,164)
Accounts payable	38,751	(13,494)
Accrued compensation and related liabilities	1,212	4,642
Other accrued liabilities	32,253	(1,567)
Deferred inflow of resources	(8,334)	27,381
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>\$ 27,655</u>	<u>\$ (58,957)</u>
NONCASH INVESTING AND CAPITAL AND		
FINANCING ACTIVITIES		
Lease right-of-use assets acquired via obligations	<u>\$ 10,545</u>	<u>\$ 84,409</u>
Right-to-use assets obtained in exchange for		
SBITA obligations	<u>\$ 7,613</u>	<u>\$ 13,843</u>
Capital expenditures included in accounts payable	<u>\$ 290</u>	<u>\$ 6,937</u>

See accompanying notes.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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#### Note 1 – Operations and Reporting Entity

**Organization** – Palomar Health (PH or the District), a public health care district, is organized under the provisions of the Health and Safety Code of the state of California to provide and operate health care facilities. The accompanying financial statements include the accounts of the following commonly controlled divisions and related entities of PH. Unless otherwise indicated, the following are divisions of PH:

- Palomar Medical Center Escondido (Escondido), located in west Escondido, California, includes a 288-bed general acute care hospital, including tertiary services, trauma services, cardiovascular surgery, women's services, and retail pharmacy.
- Palomar Medical Center Poway (Poway), located in Poway, California, includes a 107-bed general acute care hospital and The Villas at Poway, a distinct part skilled nursing facility and sub-acute facility.
- San Marcos Ambulatory Care Center, located in San Marcos, California, includes outpatient therapy.
- Jean McLaughlin Women's Center for Health and Healing, located on the Poway campus.
- Palomar Health Development, Inc. (Health Development), a California nonprofit public benefit corporation organized and operated to seek grants to support research and other programs at PH's facilities. PH's reporting entity includes Health Development as a blended component unit because PH is the sole corporate member of Health Development and appoints all the members of Health Development Board of Directors.
- Arch Health Partners, Inc. (Arch), a tax exempt medical foundation established under Section 1206(l) of the California Health and Safety Code, with 25 clinics located in Escondido, Fallbrook, Poway, Murrieta, Ramona, San Diego, San Marcos, Temecula, and Valley Center, California, that provide primary and specialty care medical services, and add another component in effective health care delivery to residents within PH's community. In accordance with Governmental Accounting Standards Board (GASB) Codification Section 2100, *The Financial Reporting Entity*, for financial reporting purposes, PH's reporting entity includes Arch as a blended component unit as a result of the fiscal dependency of Arch on PH, and because PH is the sole corporate member of Arch. Since December 1, 2020, Arch has included Graybill Medical Group (Graybill), and has operated under the trade name of Palomar Health Medical Group (PHMG). During the year ended June 30, 2025, PHMG and Graybill terminated their affiliation agreement. Following the termination, Graybill is no longer part of the PHMG network and operates independently.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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- Pacific Accountable Care, LLC (PAC), a Medicare approved Accountable Care Organization (ACO) that has contracted with the Centers for Medicare & Medicaid Services (CMS) as a participant in a Track 1 Medicare Shared Savings Program (MSSP) to provide coordinated high-quality care to Medicare patients at reduced cost. PHMG's reporting entity includes PAC as a blended component unit because PHMG is the sole member of PAC (See Note 10).
- North County Radiology Escondido, LLC (NCRE), formerly known as San Diego Imaging-Palomar Health, LLC. PHMG purchased a 50% share in NCRE and PH maintains ownership of the remaining 50%. NCRE provides imaging services to PHMG patients.
- San Diego Emergency Medical Associates (SANDEMA) is a new group formed in August 2024 to provide physician call coverage for PH. SANDEMA is wholly owned by PHMG.

**Palomar Health Medical Group membership of Obligated Group** – On August 31, 2017, PH, PHMG, and U.S. Bank National Association, as Master Trustee, entered into a Supplemental Master Indenture agreement providing for the addition of PHMG as a member of the Obligated Group created pursuant to the Master Indenture of Trust dated December 1, 2006. As such, PHMG became jointly and severally liable for the repayment of PH's revenue bond obligations and placed its collateral under control of a master trustee for the benefit of lenders and bondholders. In consideration of the agreement of PHMG to become an Obligated Group Member, PH agreed to the extinguishment of PHMG obligations. Related eliminations can be found in Note 16.

#### **Note 2 – Summary of Significant Accounting Policies**

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

**Basis of accounting and presentation** – The accompanying financial statements have been prepared using the economic resource measurement focus and the accrual basis of accounting, in accordance with GAAP for healthcare organizations and the State Controller's *Minimum Audit Requirements and Reporting Guidelines*, and are presented in accordance with the reporting model as prescribed in GASB Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*. PH follows the business-type activities requirements of GASB Statements No. 34 and No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*.

**Fiscal year** – PH has adopted a fiscal year ending June 30. All references to years herein refer to the respective fiscal year.

**Cash and cash equivalents** – Cash and cash equivalents include highly liquid debt instruments with original maturities of three months or less and are intended for use in daily operations.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Investments** – Investments in debt, equity, and fixed income securities are carried at fair value, as determined by quoted market prices in the statements of net position. Investment income or loss is included in nonoperating income, unless the income or loss is restricted by donor or law.

**Supplies and inventories** – Supplies and inventories are stated at the lower of cost (first-in, first-out) or market value.

**Goodwill** – Goodwill represents the excess of the cost of an acquired entity over the net of the fair value of identifiable assets acquired and liabilities assumed as of the date of acquisition. PHMG amortizes goodwill over a 10-year period. In addition, PHMG has elected the option to not recognize and measure: a) customer-related intangible assets (unless they are capable of being sold or licensed independent from other assets of the business), and b) noncompetition agreements. Instead, the value of these intangibles is subsumed into goodwill.

PHMG evaluates the carrying value of goodwill as one reporting unit for impairment by comparing the carrying value to its fair value. If the fair value is less than the carrying value, goodwill is potentially impaired. PHMG evaluates goodwill whenever events or changes in circumstances suggest that the carrying amount of goodwill may be impaired. During the year ended June 30, 2025, PHMG and Graybill terminated their affiliation agreement. As a result of the termination, management evaluated the goodwill associated with Graybill and determined that an impairment existed. Accordingly, PHMG recorded a goodwill impairment charge of \$1,834 for the year ended June 30, 2025. PHMG determined that there was no goodwill impairment for the year ended June 30, 2024.

**Restricted cash and investments** – Restricted cash and investments primarily include assets held by trustees under indenture agreements and designated assets set aside by the board of directors for future capital improvements over which the board of directors retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities of PH have been classified as current assets in the accompanying statements of net position.

PH has entered into an agreement with the city of Escondido (the City) to participate financially in street improvements near the site of Escondido. Under the agreement, PH was required to deposit \$13,000 into an account jointly managed by PH and the City. PH's financial obligation is limited to the deposited amount plus any earned interest on the deposited funds. The balance of \$712 and \$2,206 as of June 30, 2025 and 2024, respectively, is included in restricted cash and investments in the accompanying statements of net position.



## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Capital assets** – Capital asset acquisitions are recorded at cost. The capitalization threshold for individual item cost is \$5 or greater and similar items that have cost less than \$5 but have an aggregate cost of \$20 or greater. Depreciation is computed using the straight-line method over the estimated useful life of each class of depreciable asset (the shorter of the estimated useful life or the lease term for leasehold improvements) as follows:

	<u>Years</u>
Land improvements	10–40
Buildings and building improvements	10–40
Leasehold improvements	3–25
Equipment	3–20

Gifts of long-lived assets, such as land, buildings, or equipment, are recorded at their fair market value and are reported in nonoperating income. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted for other purposes in net position. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Capital assets are reviewed for impairment when events or changes in circumstances suggest that the service utility of the capital asset may have significantly and unexpectedly declined. Capital assets are considered impaired if both the decline in service utility of the capital asset is large in magnitude and the event or change in circumstance is outside the normal life cycle of the capital asset. Such events or changes in circumstances that may be indicative of impairment include evidence of physical damage; enactment or approval of laws or regulations or other changes in environmental factors; technological changes or evidence of obsolescence; changes in the manner or duration of use of a capital asset; and construction stoppage. The determination of the impairment loss is dependent upon the event or circumstance in which the impairment occurred. Impairment losses are recorded in the statements of revenue, expenses, and changes in net position. There was no impairment charge recorded during the years ended June 30, 2025 and 2024.

**Deferred outflows of resources** – Deferred outflows of resources represent a consumption of net position that applies to future periods and so will not be recognized as an outflow of resources (expense) until that time. The deferred outflows of resources reported in the financial statements relate to losses on refunding of debt which is amortized over the shorter of the remaining life of the refunded bonds or the refunding debt as a component of interest expense (see Note 11).

**Compensated absences** – PH policies allow most employees to accumulate vacation and sick leave benefits that may be taken as paid time off or, in limited cases, paid in cash. Vacation benefits are accrued as earned, whether expected to be used as time off or paid upon separation. Sick leave benefits are accrued only to the extent they are expected to be paid out. Liabilities for compensated absences are calculated using pay rates in effect at the statement of net position date and include related payroll costs such as Social Security and Medicare taxes.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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In June 2022, the GASB issued Statement No. 101, Compensated Absences, which requires recognition of liabilities for leave that has been earned but not yet used or paid if it is attributable to past service, accumulates, and is more likely than not to be used or paid. Certain types of leave, such as parental, military, and jury duty leave, are recognized only when the leave begins. GASB 101 is effective for the fiscal year ending June 30, 2025, and it did not have a material impact on the financial statements.

**Leases** – PH recognizes lease contracts or equivalents for both intangible right-of-use (ROU) that have a term exceeding one year and the cumulative future payments on the contract exceed \$50 that meet the definition of an other than short-term lease. PH uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using PH's incremental borrowing rate at the start of the lease for a similar asset type and term length to the contract. The ROU asset is amortized on a straight-line basis over the lease term. Short-term lease payments are expensed when incurred.

**Subscription-Based Information Technology Arrangements (SBITA)** – PH is the end user for various SBITAs. Short-term SBITAs, which have a maximum possible term of 12 months or less, are recognized as an outflow of resources when payment is made. For SBITAs with subscription terms extending beyond one year, PH recognizes an intangible right-to-use subscription asset and a corresponding subscription liability.

Initial measurement of the subscription asset/liability is calculated at the present value of payments expected to be paid during the subscription term, discounted using the incremental borrowing rate. The right-to-use asset is amortized on a straight-line basis over the subscription term.

There have been no outflows of resources recognized in the reporting periods for variable payments not previously included in the measurement of the SBITA liability, or other payments such as termination penalties.

**Debt discounts, debt premiums, and debt issuance costs** – Debt discounts and debt premiums are amortized by the effective interest method over the life of the related bonds. Debt issuance costs, except prepaid insurance costs, are expensed as incurred. Prepaid insurance costs are reported as an asset and recognized as an expense over the duration of the related debt.

**Deferred inflows of resources** – Deferred inflows of resources represent an increase in net position that applies to future periods and so will not be recognized as an inflow of resources (revenue) until that time. The deferred inflows of resources reported in the financial statements represent unearned rental income that will be recognized as revenue over the life of the rental agreement, deferred gains on sale and leaseback transactions which are being amortized over the lives of the lease arrangements, and changes in assumptions, other inputs related to Other Post-Employment Benefits (OPEB) (see Note 14).

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Net position** – Net position of PH is classified in three broad components: net investment in capital assets, restricted (distinguishing between major categories of restrictions), and unrestricted. Net investment in capital assets consists of capital assets, net of accumulated depreciation, and is reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Net position restricted for repayment of debt includes amounts deposited with trustees as required by bond indentures (see Note 11). Net position restricted for capital acquisitions relates to amounts restricted to acquire capital assets. Net position restricted for other purposes relates to noncapital net position that must be used for a particular purpose, as specified by contributors or others external to PH. Unrestricted net position represents the remaining net position that does not meet the definition of net investment in capital assets or restricted.

**Risk management** – PH is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than medical malpractice and workers' compensation claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years. In December 2023, the GASB issued Statement No. 102, Risks and Uncertainties Disclosures. This statement requires governments to disclose information about certain risks and uncertainties that could result in a heightened possibility of loss or harm. The provisions of GASB 102 are effective for fiscal years beginning after June 15, 2024, and have been implemented by Palomar Health for the fiscal year ended June 30, 2025. The adoption of this statement did not have a material impact on the financial statements.

PH is self-insured for a portion of its exposure to risk of loss from workers' compensation and malpractice claims. Annual estimated provisions are accrued based on actuarially determined amounts or management's estimate and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

**Statements of revenue, expenses, and changes in net position** – All revenue and expenses directly related to the delivery of health care services are included in operating revenue and expenses in the statements of revenue, expenses, and changes in net position. Nonoperating income (expenses) consists of those revenue and expenses that result from nonexchange transactions, financing (interest expense and changes in the fair value of interest rate swaps), and investment income.

**Net patient service revenue** – PH has agreements with third-party payors that provide for payments to PH at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and daily rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including a provision for bad debts and estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis during the year the related services are rendered and adjusted in future years, as final settlements are determined.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Shared risk revenue** – PH and its affiliated medical groups have agreements with various third-party payors to provide medical services to subscribing participants. Under some of these agreements, PH and its affiliated medical groups receive monthly capitation payments based on the number of members for each payor, regardless of services actually performed by PH. Under these agreements, after deduction of costs incurred by providers outside these agreements for care provided to subscribing participants, PH participates in shared risk pools with medical groups, through which it earns reimbursement or pays additional amounts to the medical groups, which is calculated as the net of the capitation payments after deducting claims paid. In conjunction with the shared risk pools, PH estimates incurred but not reported (IBNR) claims for medical services provided to patients. IBNR of \$14,620 and \$9,868 are included in other accrued liabilities in the accompanying statements of net position as of June 30, 2025 and 2024, respectively. Shared risk revenue of \$104,136 and \$108,403 was recognized for the years ended June 30, 2025 and 2024, respectively.

Activity in PH's liability for IBNR claims for medical services provided to patients as of and for the years ended June 30, 2025 and 2024, is summarized as follows (in thousands):

	2025	2024
BALANCE, beginning of the year	\$ 9,868	\$ 7,250
Current year claims incurred and changes in estimates	49,320	40,383
Claims and expenses paid	<u>(45,038)</u>	<u>(37,765)</u>
BALANCE, end of the year	<u>\$ 14,150</u>	<u>\$ 9,868</u>

**Charity care** – PH provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts determined to qualify as charity care are not reported as revenue in the accompanying financial statements.

**Grants and contributions** – PH receives grants from various governmental agencies and private organizations. PH also receives contributions from Palomar Health Foundation and Health Development. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statements of revenue, expenses, and changes in net position.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Property taxes** – PH receives financial support from property taxes. Property taxes are levied by the County of San Diego on behalf of PH to finance PH's activities. Amounts levied for General Obligation Bonds (G.O. Bonds) are based on assessed property values and are set annually by the board of directors. Property tax revenue for the years ended June 30, 2025 and 2024, consisted of the following (in thousands):

	2025	2024
To support operations – unrestricted use	\$ 24,372	\$ 23,366
For debt service on G.O. Bonds – restricted use	47,782	46,821
	<u>\$ 72,154</u>	<u>\$ 70,187</u>

**Income taxes** – PH is a governmental subdivision of the state of California and is exempt from federal income and state franchise taxes. PHMG and PAC are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC) and Section 23701(d) of the California Revenue and Taxation Code. PAM and PAM-SD, which are limited liability companies (LLCs), are classified as partnerships for federal and state income tax purposes and, as such, are exempt from federal income and state franchise taxes. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

**Recent accounting pronouncements** – In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements* (GASB 103). The objective of GASB 103 is to improve key components of the financial reporting model. The purposes of the improvements are to (a) enhance the effectiveness of the financial reporting model in providing information that is essential for decision making and assessing a government's accountability and (b) address certain application issues identified through pre-agenda research conducted by the GASB. GASB 103 effective for PH during the year ending June 30, 2026. Management is currently evaluating the impact of adoption of this standard on the financial statements.

In September 2024, GASB issued Statement No. 104, *Disclosure of Certain Capital* (GASB 104). The objective of GASB 104 is to provide users of government financial statements with essential information about certain types of capital assets. GASB 104 requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by GASB Statement No. 34 as well as certain intangible assets to be disclosed separately by major class. GASB 104 also requires additional disclosures for capital assets held for sale. This Statement requires that capital assets held for sale be evaluated each reporting period. GASB 104 is effective for PH during the year ending June 30, 2026. Management is currently evaluating the impact of adoption of this standard on the financial statements.

**Reclassifications** – Certain reclassifications have been made to the prior year amounts to conform to the current year presentation.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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#### **Note 3 – Net Patient Service Revenue, Third-party Reimbursement Programs, and Nonoperating Revenue**

**Net patient service revenue** – PH renders services to certain patients under contractual arrangements with the Medicare and Medi-Cal programs and various health maintenance and preferred provider organizations. The Medicare program generally pays a prospectively determined fee for services (FFS) rendered to Medicare patients. Additionally, Medicare reimburses PH for certain inpatient services (primarily mental health unit services) on the basis of costs incurred. The Medi-Cal program provides for payment on a prospectively negotiated contractual rate per day, percentage of charges for services rendered, or capitated payment arrangement.

Revenue from the Medicare and Medi-Cal programs inclusive of risk (capitated) and non-risk managed care programs accounted for approximately 54% and 56% of PH's net patient service revenue for the years ended June 30, 2025 and 2024, respectively.

Third-party cost reports for the Medicare program have been settled through the year ended June 30, 2018, for Escondido and through the year ended June 30, 2022, for Poway. The cost reports for the Medi-Cal program have been settled through the year ended June 30, 2023, for Escondido, and Poway, respectively. Results of cost report settlements as well as estimates for settlements of all years through 2025 have been reflected in the accompanying financial statements. As of June 30, 2025 and 2024, estimated third-party settlements resulted in a receivable of \$95,530 and \$81,129, respectively. Amounts expected to be received or paid beyond June 30, 2025, are classified as noncurrent in the accompanying statements of net position.

Laws and regulations governing Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. During the years ended June 30, 2025 and 2024, PH settled various prior-year cost reports and appeal issues. These settlements and normal estimation differences between subsequent cash collections on patient accounts receivable resulted in a decrease in revenues of \$21,238 and \$43,932 for the years ended June 30, 2025 and 2024, respectively.

**Third-party reimbursement programs – Quality Incentive Pool (QIP)** – PH participates in the District and Municipal Public Hospital (DMPH) QIP program. This program, authorized under California Welfare and Institutions Code section 14197.4(c) and administered by DHCS, provides performance-based quality incentive payments to eligible DMPH entities via directed payments through contracted Medi-Cal Managed Care Plans.

Revenues from the QIP program are recognized when performance criteria are met and the revenue is deemed earned and collectible. This recognition is based on performance data submitted to DHCS and subsequent verification and approval. PH monitors its performance and compliance with program requirements to maximize potential incentive payments.

**Medi-Cal managed care rate range Intergovernmental Transfer (IGT)** – The Affordable Care Act (ACA) recognized the formation and maintenance of a network of primary care providers to service Medi-Cal Managed Care plans which require funding assistance. IGT is a payment methodology to partially fund the gap between what Medi-Cal Managed Care plans pay and the full cost of providing the service.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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*Senate Bill 239 quality assurance fee (QAF) supplemental payment* – A state-legislated supplemental program that distributes funds to hospitals based on the volume of care to Medi-Cal funded patients. The intention is to strengthen the ability of hospitals to meet the increased demand resulting from implementing programs, service, and capital required by ACA.

*QAF managed care funds – part of the hospital QAF* – Under the California Hospital Fee Program, PH receives net supplemental funds under a managed care methodology.

*Assembly Bill 113 Medi-Cal rate stabilization* – A state-legislated program which provides a cost supplement for Medi-Cal Managed Care Seniors and Persons with Disabilities.

*Assembly Bill 915 outpatient supplemental payment* – This bill provides for the payment of a supplemental reimbursement to acute care hospitals owned by certain public entities that provide outpatient services to Medi-Cal beneficiaries. The state legislated a supplemental reimbursement for uncompensated Medi-Cal FFS outpatients. PH receives 50% of reported uncompensated costs.

*Medi-Cal Disproportionate Share Hospital (DSH)* – The DSH Program reimburses hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal beneficiaries and uninsured individuals.

*District Hospital Directed Payment (DHDP) Program* – Beginning on January 1, 2023, the DHDP program reimburses California's District Municipal Hospitals for network contracted services based on actual utilization.

The following table summarizes amounts recognized as net patient service revenue from the various state supplemental funding programs and transfer agreements available to PH for the years ended June 30, 2025 and 2024, respectively (in thousands):

	2025	2024
QIP	\$ 8,228	\$ 10,377
Managed care rate range IGT	25,496	16,412
QAF	4,017	15,594
Medi-Cal rate stabilization	2,617	5,833
Outpatient supplemental payment	2,925	5,012
District hospital directed payment	25,630	15,000
Other	(438)	(714)
	<u>\$ 68,475</u>	<u>\$ 67,514</u>
Totals		

With respect to the above described programs, revenue is recognized when management is reasonably assured all performance and satisfaction of obligations have been met, the amount of revenue is available, and has been considered in estimating the amount of revenue to be recognized.

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

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### Note 4 – Cash and Cash Equivalents and Investments

The state of California Government Code (the Government Code) authorizes PH to invest unrestricted and board-designated assets in obligations of the U.S. Treasury and certain U.S. government agencies, obligations of the state of California and local government entities bankers' acceptances, commercial paper, certificates of deposit, repurchase agreements, and mortgage securities. Certain of these investments may be purchased only in limited amounts and limited maturity dates, as defined in the Government Code. PH's bond indenture agreements authorize trustee-held assets to be invested in obligations of the U.S. Treasury and certain U.S. government agencies, repurchase agreements, and obligations of financial institutions meeting certain criteria defined in the indentures.

The California State Treasury makes available the Local Agency Investment Fund (LAIF) through which local governments may pool investments. Each governmental entity may invest up to \$75,000 of unrestricted monies in the fund and an unlimited amount of qualified bond proceeds. PH had invested \$12,162 and \$61,717 of unrestricted funds in this fund as of June 30, 2025 and 2024, respectively. PH also had invested \$712 and \$2,206 in jointly managed funds under an escrow agreement with the City of Escondido as of June 30, 2025 and 2024, respectively. Investments in the LAIF are highly liquid, as deposits can be converted to cash within 24 hours without loss of interest. PH is a voluntary participant in the LAIF. The fair value of PH's investment in this pool is reported in the accompanying statements of net position at amounts based upon PH's pro rata share of the fair value provided by LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on an amortized cost basis; therefore, is excluded from the fair value hierarchy.

As of June 30, 2025 and 2024, PH had the following investments (in thousands):

	2025	2024
Investments – current	\$ 28,464	\$ 61,381
Restricted cash and investments – current	76,309	70,173
Restricted cash and investments – noncurrent	87,651	106,856
	<u>192,424</u>	<u>238,410</u>
Total	<u>\$ 192,424</u>	<u>\$ 238,410</u>



# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

As of June 30, 2025 and 2024, PH had investments by type and maturity as follows (in thousands):

Investment Type	Fair Value	2025	
		Investment Maturities (in Years)	
		Less Than 1	1–5
External investment pool – LAIF	\$ 12,873	\$ 12,873	-
Money market mutual funds	179,551	179,551	-
Total	<u>\$ 192,424</u>	<u>\$ 192,424</u>	<u>\$ -</u>

  

Investment Type	Fair Value	2024	
		Investment Maturities (in Years)	
		Less Than 1	1–5
External investment pool – LAIF	\$ 63,923	\$ 63,923	\$ -
Money market mutual funds	174,487	174,487	-
Total	<u>\$ 238,410</u>	<u>\$ 238,410</u>	<u>\$ -</u>

GASB Statement No. 72, *Fair Value Measurement and Application*, defines fair value as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of nonperformance risk.

In addition to defining fair value, this guidance expands the disclosure requirements around fair value and establishes a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which are determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

**Level 1** – Quoted prices are available in active markets for identical assets or liabilities as of the measurement date.

**Level 2** – Pricing inputs are based on quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Financial assets and liabilities in this category generally include asset-backed securities, corporate bonds and loans, municipal bonds, and interest rate swap instruments.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

**Level 3** – Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of the fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to private and public comparable, third-party appraisals, discounted cash flow models, and fund manager estimates.

**Marketable securities and financial instruments** – Where quoted market prices are available in an active market, securities or instruments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated using pricing models, quoted prices of securities or instruments with similar characteristics, or discounted cash flows. These securities or instruments are classified within Level 2 of the valuation hierarchy. In certain cases, where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the valuation hierarchy.

The following table summarizes PH's assets and liabilities measured at fair value on a recurring basis as of June 30, 2025 and 2024 (in thousands):

		2025			
		Total	Level 1	Level 2	Level 3
Investments					
Money market mutual funds		\$ 179,551	\$ 179,551	\$ -	\$ -
		179,551	<u>\$ 179,551</u>	<u>\$ -</u>	<u>\$ -</u>
Investments not subject to the fair value hierarchy					
State investment pool – LAIF		<u>12,873</u>			
Total investments		<u>\$ 192,424</u>			
		2024			
		Total	Level 1	Level 2	Level 3
Investments					
Money market mutual funds		\$ 174,487	\$ 174,487	\$ -	\$ -
		174,487	<u>\$ 174,487</u>	<u>\$ -</u>	<u>\$ -</u>
Investments not subject to the fair value hierarchy					
State investment pool – LAIF		<u>63,923</u>			
Total investments		<u>\$ 238,410</u>			

There are many factors affecting the value of investments. Some, such as interest rate risk, credit risk, concentration of credit risk, and custodial credit risk, may affect both equity and fixed income securities.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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Equity and debt securities respond to such factors as economic conditions, individual company earnings performance, and market liquidity while fixed income securities are particularly sensitive to credit risks and changes in interest rates.

**Interest rate risk** – Interest rate risk is the risk that the value of fixed income securities will decline due to increasing interest rates. The terms of a debt investment may cause its fair value to be highly sensitive to interest rate changes. As a means of limiting exposure to fair value losses arising from increasing interest rates, PH's investment policy, as per statutory requirements, limits the term of any investment to a maturity not exceeding five years.

**Credit risk** – Fixed income securities are subject to credit risk, which is the chance that an issuer will fail to pay interest or principal in a timely manner or that negative perceptions of the issuer's ability to make these payments will cause security prices to decline. Certain fixed income securities, including obligations of the U.S. government or those explicitly guaranteed by the U.S. government, are not considered to have credit risk. State law limits PH's investment in commercial paper, corporate bonds, and bond mutual funds with an "A" rating issued by nationally recognized statistical rating organizations. PH has no investment policy that would further limit investment choices. As of June 30, 2025 and 2024, PH's investments, excluding U.S. government obligations, consisted of the following: corporate bond investments rated "A" or better by Standard & Poor's and Moody's Investors Service, U.S. Government Agency investments rated "AAA" by Fitch, and PH's investments in the LAIF, which were not rated. As of June 30, 2024, investments with Morgan Stanley, Chandler, and Goldman Sachs were liquidated.

**Concentration of credit risk** – Concentration of credit risk is the risk associated with a lack of diversification, such as having substantial investments in a few individual issuers, thereby exposing PH to greater risks resulting from adverse economic, political, regulatory, geographic, or credit developments. Amounts invested in the LAIF are not considered subject to concentration of credit risk. In accordance with state law, no more than 5% of total investments may be invested in the securities of any one issuer, except obligations of the U.S. government, no more than 10% may be invested in any one mutual fund, and no more than 30% may be invested in bankers' acceptances of any one commercial bank.

Investments in any one issuer (other than U.S. treasury securities and external investment pools) that represent 5% or more of the total investments as of June 30, 2025 and 2024, were as follows (in thousands):

Investment	Investment Type	2025		2024	
		Fair Value	Percentage of Total Investments	Fair Value	Percentage of Total Investments
U.S. Bank, Trustee	First American Govt Oblig Fund CL D	\$ -	0%	\$ 22,253	9%
U.S. Bank, Trustee	U.S. Government Money Market Funds	\$ 86,637	45%	\$ 82,070	34%
Fidelity Investments	FIMM-Treasury Port Instl CL 2644	\$ 16,660	9%	\$ 21	0%
Computershare Corporate Trust Services	Allspring Government Money Market Service	\$ 76,964	40%	\$ 72,350	30%
		<u>\$ 180,261</u>		<u>\$ 176,694</u>	

**Custodial credit risk – investments** – All of PH's investments are insured or registered or held by PH's agent in the agent's nominee name, with subsidiary records listing PH as the legal owner. For these reasons, PH is not exposed to custodial credit risk for its investments.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Custodial credit risk – deposits** – Custodial credit risk refers to the potential that, in the event of a bank failure, PH's deposits may not be recoverable, posing a risk to the company's financial assets. PH does not have a policy for custodial credit risk. As of June 30, 2025 and 2024, PH's bank balances totaled \$18,180 and \$17,405, respectively, and were not exposed to custodial credit risk, as the uninsured deposits are with financial institutions that are individually required by state law to have government deposits collateralized at a rate of 110% of the deposits. Such collateral is considered to be held in PH's name. PHMG maintains bank deposit accounts that are insured by the Federal Deposit Insurance Corporation up to a limit of \$250 per depositor. PHMG had cash balances of \$8,274 and \$7,908 that were above the insured limit as of June 30, 2025 and 2024, respectively.

**Investment income** – Investment income for the years ended June 30, 2025 and 2024, consisted of the following (in thousands):

	2025	2024
Interest, dividends, and realized gains on sale of investments	\$ 19,302	\$ 19,542
Net (decrease) increase in fair value of investments	(292)	767
Total	<u>\$ 19,010</u>	<u>\$ 20,309</u>

#### Note 5 – Concentrations of Credit Risk

PH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of June 30, 2025 and 2024, was as follows:

	2025	2024
Medicare	16%	16%
Medi-Cal	5%	8%
HMO/PPO/commercial*	66%	64%
Self pay	12%	12%
Others	1%	1%
Total	<u>100%</u>	<u>100%</u>

\* In addition to various commercial insurance plans, this category includes Medi-Cal HMOs and Medicare Advantage HMOs.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

#### Note 6 – Capital Assets

A summary of changes in capital assets for the years ended June 30, 2025 and 2024, is as follows (in thousands):

	Balance as of June 30, 2024	Additions	Disposals	Adjustments	Balance as of June 30, 2025
Land improvements	\$ 77,196	\$ -	\$ -	\$ 1,834	\$ 79,030
Buildings and leasehold improvements	1,131,113	-	(3,194)	28,467	1,156,386
Equipment	311,086	244	(6,593)	11,158	315,895
Land	57,413	-	-	-	57,413
Construction in progress	60,801	22,726	-	(41,286)	42,241
	1,637,609	22,970	(9,787)	173	1,650,965
Less: accumulated depreciation and amortization	(659,345)	(45,657)	8,569	(426)	(696,859)
Capital assets, net	<u>\$ 978,264</u>	<u>\$ (22,687)</u>	<u>\$ (1,218)</u>	<u>\$ (253)</u>	<u>\$ 954,106</u>
	Balance as of June 30, 2023	Additions	Disposals	Adjustments	Balance as of June 30, 2024
Land improvements	\$ 77,096	\$ -	-	\$ 100	\$ 77,196
Buildings and leasehold improvements	1,073,616	(56)	(114)	57,667	1,131,113
Equipment	318,648	4,328	(21,531)	9,641	311,086
Land	52,310	5,103	-	-	57,413
Construction in progress	95,381	46,246	(7,827)	(72,999)	60,801
	1,617,051	55,621	(29,472)	(5,591)	1,637,609
Less: accumulated depreciation and amortization	(638,726)	(42,409)	21,790	-	(659,345)
Capital assets, net	<u>\$ 978,325</u>	<u>\$ 13,212</u>	<u>\$ (7,682)</u>	<u>\$ (5,591)</u>	<u>\$ 978,264</u>

Construction commitments outstanding as of June 30, 2025, were \$5,886.

#### Note 7 – Leases

**Leases** – PH is a lessee for noncancelable leases of office space and equipment with lease terms through 2051. There are no residual value guarantees included in the measurement of PH's lease liability nor recognized as an expense for the years ended June 30, 2025 and 2024. PH does not have any commitments that were incurred at the commencement of the leases. PH is subject to variable equipment usage payments that are expensed when incurred. No termination penalties were incurred during the fiscal year.

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

A summary of lease asset activity for the years ended June 30, 2025 and 2024, is as follows (in thousands):

	Balance as of June 30, 2024	Additions	Disposals	Modifications	Balance as of June 30, 2025	Amounts due within one year
Lease right-to-use assets						
Building	\$ 371,029	\$ 1,287	\$ (13,677)	\$ -	\$ 358,639	
Furniture, fixtures, and equipment	30,964	6,725	(4,193)	-	33,496	
Total lease right-to-use assets	401,993	8,012	(17,870)	-	392,135	
Less accumulated amortization						
Building	(56,470)	(17,430)	(1,709)	-	(75,609)	
Furniture, fixtures, and equipment	(10,894)	(7,751)	4,193	-	(14,452)	
Total accumulated amortization	(67,364)	(25,181)	2,484	-	(90,061)	
Net lease right-to-use assets	<u>\$ 334,629</u>	<u>\$ (17,169)</u>	<u>\$ (15,386)</u>	<u>\$ -</u>	<u>\$ 302,074</u>	
Lease obligations	<u>\$ 365,611</u>	<u>\$ (7,439)</u>	<u>\$ (14,539)</u>	<u>\$ -</u>	<u>\$ 343,633</u>	<u>\$ 15,948</u>
	Balance as of June 30, 2023	Additions	Disposals	Modifications	Balance as of June 30, 2024	Amounts due within one year
Lease right-to-use assets						
Building	\$ 303,465	\$ 68,002	\$ -	\$ (438)	\$ 371,029	
Furniture, fixtures, and equipment	19,634	16,388	(5,058)	-	30,964	
Total lease right-to-use assets	323,099	84,390	(5,058)	(438)	401,993	
Less accumulated amortization						
Building	(37,010)	(19,597)	137	-	(56,470)	
Furniture, fixtures, and equipment	(8,833)	(7,119)	5,058	-	(10,894)	
Total accumulated amortization	(45,843)	(26,716)	5,195	-	(67,364)	
Net lease right-to-use assets	<u>\$ 277,256</u>	<u>\$ 57,674</u>	<u>\$ 137</u>	<u>\$ (438)</u>	<u>\$ 334,629</u>	
Lease obligations	<u>\$ 296,199</u>	<u>\$ 87,279</u>	<u>\$ (17,535)</u>	<u>\$ (332)</u>	<u>\$ 365,611</u>	<u>\$ 14,406</u>

The District evaluated the lease ROU assets for impairment and determined there was no impairment for the years ended June 30, 2025 and 2024.

**Palomar Health**  
**Notes to Financial Statements (Dollars in Thousands)**

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The future annual principal and interest lease payments as of June 30, 2025, were as follows (in thousands):

	Principal	Interest	Total
Years Ending June 30,			
2026	\$ 15,880	\$ 14,839	\$ 30,719
2027	16,180	14,177	30,357
2028	14,197	13,488	27,685
2029	12,061	12,944	25,005
2030–2034	11,743	12,396	24,139
2035–2039	71,976	53,161	125,137
2040–2044	101,493	33,844	135,337
2045–2049	49,369	15,665	65,034
2049–2053	41,582	6,851	48,433
2054–2059	9,152	202	9,354
	<u>\$ 343,633</u>	<u>\$ 177,567</u>	<u>\$ 521,200</u>

PH lease-related revenue included in other nonoperating income on the statements of revenue, expenses and changes in net position for the years ended June 30, 2025 and 2024, is as follows (in thousands):

	2025	2024
Lease revenue		
Office space	\$ 2,616	\$ 1,950
Land	211	261
	<u>2,827</u>	<u>2,211</u>
Total lease revenue	2,827	2,211
Interest revenue	<u>2,341</u>	<u>2,095</u>
	<u>\$ 5,168</u>	<u>\$ 4,306</u>
Total lease related revenue	<u>\$ 5,168</u>	<u>\$ 4,306</u>

**Palomar Health**  
**Notes to Financial Statements (Dollars in Thousands)**

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The future principal and interest lease receipts as of June 30, 2025, for PH were as follows (in thousands):

Years Ending June 30,	Principal	Interest	Total
2026	\$ 1,873	\$ 2,030	\$ 3,903
2027	2,019	1,933	3,952
2028	2,211	1,830	4,041
2029	2,393	1,717	4,110
2030-2034	2,558	1,641	4,199
2035-2039	12,099	6,517	18,616
2040-2044	4,664	4,754	9,418
2045-2049	3,060	4,286	7,346
2050-2054	32	4,172	4,204
2055-2059	40	4,849	4,889
2060-2064	50	4,918	4,968
2065-2069	62	5,733	5,795
2070-2074	76	5,813	5,889
2075-2079	95	6,792	6,887
2080-2084	118	6,883	7,001
2085-2089	146	8,258	8,404
2090-2094	2,426	5,916	8,342
2095-2099	4,384	5,411	9,795
2100-2104	280	4,864	5,144
2105-2109	2,119	3,755	5,874
2110-2114	5,033	1,039	6,072
2114-2115	2,060	74	2,134
	<u>\$ 47,798</u>	<u>\$ 93,185</u>	<u>\$ 140,983</u>



# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

### Note 8 – Subscription-Based Information Technology Arrangements

A summary of the SBITA asset activity during the years ended June 30, 2025 and 2024, is as follows (in thousands):

	Balance at June 30, 2024	Additions	Deductions	Balance at June 30, 2025	Amounts due within one year
SBITA assets - software	\$ 48,651	\$ 7,613	\$ (15,039)	\$ 41,225	
Less accumulated amortization	(22,667)	(15,251)	15,039	(22,879)	
Total SBITA assets, net	<u>\$ 25,984</u>	<u>\$ (7,638)</u>	<u>\$ -</u>	<u>\$ 18,346</u>	
SBITA liabilities	<u>\$ 23,173</u>	<u>\$ 5,671</u>	<u>\$ (12,497)</u>	<u>\$ 16,347</u>	<u>\$ 8,714</u>
	Balance at June 30, 2023	Additions	Deductions	Balance at June 30, 2024	Amounts due within one year
SBITA assets - software	\$ 34,808	\$ 13,843	\$ -	\$ 48,651	
Less accumulated amortization	(13,435)	(9,232)	-	(22,667)	
Total SBITA assets, net	<u>\$ 21,373</u>	<u>\$ 4,611</u>	<u>\$ -</u>	<u>\$ 25,984</u>	
SBITA liabilities	<u>\$ 21,114</u>	<u>\$ 12,460</u>	<u>\$ (10,401)</u>	<u>\$ 23,173</u>	<u>\$ 11,133</u>

The future minimum SBITA principal and interest payments as of June 30, 2025, is as follows (in thousands):

Years Ending June 30,	Principal	Interest	Total
2026	\$ 8,714	\$ 664	\$ 9,378
2027	3,821	283	4,104
2028	3,436	113	3,549
2029	376	17	393
	<u>\$ 16,347</u>	<u>\$ 1,077</u>	<u>\$ 17,424</u>

## **Palomar Health**

### **Notes to Financial Statements (Dollars in Thousands)**

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#### **Note 9 – Investment in and Amounts Due from Affiliated Entities**

During fiscal year 2007, PH entered into a partnership agreement with PDP Pomerado, LLC, in exchange for a ground lease agreement. During fiscal year 2010, the partnership with PDP Pomerado, LLC, was terminated and the ground lease agreement was transferred to NHP/PMP Pomerado, LLC. In conjunction with the termination of the partnership, PDP Pomerado, LLC, was dissolved and its assets were liquidated. PH received proceeds of \$6,279 for its interest in PDP Pomerado, LLC, which was recorded as unearned revenue as it was attributed to the difference in contractual lease payments and the fair value of lease payments. Unamortized unearned revenue of \$6,372 and \$6,654 included in deferred inflow of resources in the accompanying statements of net position as of June 30, 2025 and 2024, respectively, is recognized as income over the remaining term of the ground lease agreement, which expires in April 2061, and has two 10-year options to renew at \$1 per year. The renewal is considered inevitable.

In October 2017, PH entered into an Investment Interests Purchase Agreement, whereby PHMG conveyed 100% of its interest in PHS-PAM Holdings, Inc. (PHS-PAM) to PH. PH purchased 1,000 or 100% of the issued and outstanding shares of PHS-PAM, which owns 50% of PAM and 50% of PAM-SD. The remaining 50% ownership interests in PAM and PAM-SD are held by PHMG and/or its subsidiaries. PH paid \$2,500 via PHS-PAM for its 50% interest in PAM-SD. This investment was eliminated in the financial statements.

PH's investment in affiliated entities, which are generally accounted for under the equity method because PH does not control the entities, was \$5,719 and \$6,755 as of June 30, 2025 and 2024, respectively. The total income from PH's investment in affiliates was \$7,834 and \$4,567 for the years ended June 30, 2025 and 2024, respectively, and is included in other, net on the statements of changes in net position.

#### **Note 10 – Related Organizations**

**Palomar Health Foundation** – Palomar Health Foundation (the Foundation) is a charitable nonprofit organization created to provide assistance and support for PH. The Foundation is a separately governed organization. Its financial position, results of operations, and cash flows are not included in the accompanying financial statements. The Foundation provides a funding source for various programs on behalf of PH. Funding for these programs provided by the Foundation totaled \$2,311 and \$4,933 for the years ended June 30, 2025 and 2024, respectively.

PH has entered into a management services agreement (MSA) with the Foundation, whereby PH provides administrative support to the Foundation. Support provided to the Foundation totaled \$360 and \$147 for the years ended June 30, 2025 and 2024, respectively.

Under the MSA, PH provided a credit line to the Foundation of \$8,000 with interest at 2.5% above LIBOR. The credit line renewed through June 30, 2024, and automatically renews for successive one-year terms. The outstanding balance on that line of credit is \$585. There is no outstanding amount on the line of credit; however, the Foundation has a note payable in the amount of \$1,954 and \$2,066 as of June 30, 2025 and 2024, respectively.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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An unaudited summary of the Foundation's assets, liabilities, and net assets as of June 30, 2025 and 2024, was as follows (in thousands):

	2025	2024
Assets	\$ 4,981	\$ 5,438
Liabilities	\$ 2,870	\$ 3,767
Net assets	2,111	1,671
Total liabilities and net assets	\$ 4,981	\$ 5,438

**PIMG, Inc. (PIMG)** – In April 2010, PHMG entered into a 25-year professional services agreement with PIMG, under which PIMG provides professional medical services to patients seeking services from and enrolled with Arch. For the years ended June 30, 2025 and 2024, PIMG provided professional services to Arch in the amounts of \$15,178 and \$15,518, respectively. Any amounts advanced are to be repaid upon Arch's request and do not bear interest. There are outstanding amounts in the amount of \$0 and \$812 as of June 30, 2025 and 2024, respectively.

**PAC** – In April 2016, Arch formed PAC, a partnership with Medicare FFS participants, to develop an ACO with the intent to manage, coordinate, and promote accountability for the quality, patient safety, cost, and overall care of 12,000 Medicare patients with PHMG as the sole member. PHMG has participated in CMS Accountable Care Organizations (ACOs) since 2017 with the intent to manage, coordinate, and promote accountability for the quality, patient safety, cost, and overall care of Medicare patients. Effective January 1, 2024, PHMG signed a participation agreement with 'N Health Network Partners for their CMS REACH Model ACO for the CMS performance year of 2024. The agreement automatically renewed for 2025. PHMG has since submitted a termination from the ACO effective December 31, 2025. Effective January 1, 2026, PHMG signed an agreement to participate in the Aledade Accountable Care 237, which is an MSSP Track E ACO.

**NCRA-E** – On May 1, 2024, PHMG purchased a 50% share in the Escondido branch of North County Radiology Associates (NCRA-E), formerly San Diego Imaging. PH previously owned 50% of the venture, and as such NCRA-E is now reflected as a blended component unit in the financial statements for PH.

**SANDEMA** – On August 1, 2024, PHMG purchased the remaining assets from, North County Emergency Medical Associates, a California corporation, including the emergency and trauma call agreement that it held with Palomar Health to provide emergency and trauma call services. A new group, San Diego Emergency Medical Associates (SANDEMA), was formed to provide these services to PH. SANDEMA is wholly owned by PHMG and is reflected as a blended component unit in the financial statements for PH.

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

### Note 11 – Long-term Debt

The following is a summary of long-term debt transactions for PH for the years ended June 30, 2025 and 2024 (in thousands):

	Balance June 30, 2024	Additions	Reductions	Balance June 30, 2025	Amounts Due within One Year
General Obligation Bonds					
Series 2016A General Obligation Bonds	\$ 41,327	\$ -	\$ (2,847)	\$ 38,480	\$ 2,440
Series 2016B General Obligation Bonds	175,180	-	(1,022)	174,158	-
Series 2010A General Obligation Bonds	65,381	-	(31)	65,350	-
Series 2009A General Obligation Bonds	105,427	-	(1,685)	103,742	1,691
Series 2007A General Obligation Bonds	24,755	-	(5,795)	18,960	6,026
Accrued interest on capital appreciation bonds	245,767	815	-	246,582 *	10,198
Total General Obligation Bonds	657,837	815	(11,380)	647,272	20,355
Other long-term debt					
Series 2022A Certificates of Participation	224,086	179	-	224,265	-
Series 2022B Certificates of Participation	33,790	-	-	33,790	-
Series 2021 Certificates of Participation	31,384	-	(801)	30,583	-
Series 2017 Refunding Revenue Bonds	164,694	-	(658)	164,036	1,330
Series 2017 Certificates of Participation	54,591	-	(1,327)	53,264	-
Series 2016 Refunding Revenue Bonds	224,784	-	(8,598)	216,186	7,595
Non-designated Public Hospital Bridge Loans	8,593	-	-	8,593	-
Notes payable	25,000	-	-	25,000	5,000
Notes payable - PHMG	570	-	(363)	207	207
Long-term debt - SMACC	2,280	-	(2,280)	-	-
Long-term debt – Crisis Stabilization Unit	439	-	(153)	286	143
UCSD Loan	-	20,000	-	20,000	20,000
Total other long-term debt	770,211	20,179	(14,180)	776,210	34,275
Total long-term debt	<u>\$ 1,428,048</u>	<u>\$ 20,994</u>	<u>\$ (25,560)</u>	<u>\$ 1,423,482</u>	<u>\$ 54,630</u>

\* Includes \$10,198 and \$10,198 of current portion of accrued interest that is included in accrued interest payable on the statements of net position as of June 30, 2025 and 2024, respectively.

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

	Balance June 30, 2023	Additions	Reductions	Balance June 30, 2024	Amounts Due within One Year
<b>General Obligation Bonds</b>					
Series 2016A General Obligation Bonds	\$ 44,024	\$ -	\$ (2,697)	\$ 41,327	\$ 2,275
Series 2016B General Obligation Bonds	176,202	-	(1,022)	175,180	-
Series 2010A General Obligation Bonds	65,412	-	(31)	65,381	-
Series 2009A General Obligation Bonds	106,871	-	(1,444)	105,427	1,476
Series 2007A General Obligation Bonds	30,256	-	(5,501)	24,755	5,729
Accrued interest on capital appreciation bonds	240,596	5,171	-	245,767 *	10,198
<b>Total General Obligation Bonds</b>	<b>663,361</b>	<b>5,171</b>	<b>(10,695)</b>	<b>657,837</b>	<b>19,678</b>
<b>Other long-term debt</b>					
Series 2022A Certificates of Participation	223,803	283	-	224,086	-
Series 2022B Certificates of Participation	33,790	-	-	33,790	-
Series 2021 Certificates of Participation	32,184	-	(800)	31,384	-
Series 2017 Refunding Revenue Bonds	165,353	-	(659)	164,694	-
Series 2017 Certificates of Participation	55,855	-	(1,264)	54,591	1,265
Series 2016 Refunding Revenue Bonds	233,024	-	(8,240)	224,784	7,265
Nondesignated Public Hospital Bridge Loans	15,470	-	(6,877)	8,593	8,593
Notes payable	-	25,000	-	25,000	-
Notes payable - PHMG	-	570	-	570	395
Long-term debt - SMACC	2,400	-	(120)	2,280	-
Long-term debt – Crisis Stabilization Unit	571	-	(132)	439	-
<b>Total other long-term debt</b>	<b>762,450</b>	<b>25,853</b>	<b>(18,092)</b>	<b>770,211</b>	<b>17,518</b>
<b>Total long-term debt</b>	<b>\$ 1,425,811</b>	<b>\$ 31,024</b>	<b>\$ (28,787)</b>	<b>\$ 1,428,048</b>	<b>\$ 37,196</b>

The terms and due dates of PH's long-term debt as of June 30, 2025 and 2024, are as follows:

- Series 2022 Certificates of Participation (2022 COP) bear interest at 5.00%, with interest payments due semiannually. Principal payments for the taxable portion are due in annual amounts ranging from \$4,675 in fiscal year 2028 to \$6,680 fiscal year 2033. Principal payments for the tax-exempt portion are due in annual amounts ranging from \$1,575 in fiscal year 2028 to \$12,420 fiscal year 2037. The 2022 COP are net of unamortized original issue discount of \$4,900 and \$5,078 as of June 30, 2025 and 2024, respectively, and are collateralized by PH revenues as defined in the indenture agreement. The cost of the insurance premium is being amortized over the life of the bonds.

The Series 2006 Certificates of Participation (2006 COP) were advance refunded in November 2022, with proceeds from the issuance of the 2022 COPs and to obtain an economic gain of \$23,732. In addition, the interest rate swap PH entered into concurrent with the issuance of the 2006 COPs was settled as part of the advance refunding. Additional 2006 COP reserves were deposited in an escrow trust account held with the escrow agent to provide for all future debt service payments. As a result, the 2006 COP are considered to be defeased and the liability for these bonds has been removed from the statement of net position. The net unamortized loss on refunding is \$1,773 and \$1,837 as of June 30, 2025 and 2024, respectively, and is included as deferred outflow of resources and amortized.

**Palomar Health**  
**Notes to Financial Statements (Dollars in Thousands)**

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- Series 2021 Certificates of Participation (2021 COP) bear interest at 5.00%, with interest payments due semiannually. Principal payments are due in fiscal year 2027. The 2021 COP are net of unamortized original issue premium of \$1,868 and \$2,668 as of June 30, 2025 and 2024, respectively, and are collateralized by PH revenues as defined in the indenture agreement. The cost of the insurance premium is being amortized over the life of the bonds.
- Series 2017 Refunding Revenue Bonds (Series 2017 Bonds) bear interest at 5.00%, with interest payments due semiannually. Principal payments are due in annual amounts ranging from \$15,785 in fiscal year 2041 to \$22,405 in fiscal year 2048. The Series 2017 Bonds are net of unamortized original issue premium of \$12,576 and \$13,234 as of June 30, 2025 and 2024, respectively, and are collateralized by PH revenues as defined in the indenture agreement. The net unamortized loss on refunding is \$14,338 and \$15,089 as of June 30, 2025 and 2024, respectively, and is included as deferred outflow of resources and amortized. As an alternative to maintaining a cash reserve to fund principal and interest payments in the event of default, PH purchased a Municipal Bond Debt Service Reserve Insurance policy with a policy limit of \$11,827. The cost of the insurance premium is being amortized over the life of the bonds.
- Series 2017 Certificates of Participation (2017 COP) bear interest at rates between 4.00% to 5.00%, with interest payments due semiannually. Principal payments are due in annual amounts ranging from \$1,145 in fiscal year 2023 to \$3,450 in fiscal year 2048. The 2017 COP are net of unamortized original issue premium of \$814 and \$876 as of June 30, 2025 and 2024, respectively, and are collateralized by PH revenues as defined in the indenture agreement. As an alternative to maintaining a cash reserve to fund principal and interest payments in the event of default, PH purchased a Municipal Bond Debt Service Reserve Insurance policy with a policy limit of \$3,522. The cost of the insurance premium is being amortized over the life of the bonds.
- Series 2016 Refunding Revenue Bonds (Series 2016 Revenue Bonds) bear interest at rates between 3.00% to 5.00%, with interest payments due semiannually. Principal payments are due in annual amounts ranging from \$6,555 in fiscal year 2023 to \$27,440 in fiscal year 2040. The Series 2016 Revenue Bonds are net of unamortized original issue premium of \$19,068 and \$20,398 as of June 30, 2025 and 2024, respectively, and are collateralized by PH revenues as defined in the indenture agreement. The net unamortized loss on refunding is \$25,792 and \$27,592 and as of June 30, 2025 and 2024, respectively, and is included as deferred outflow of resources and amortized.
- Series 2016A General Obligation Bonds (Series 2016A G.O. Bonds) bear interest at rates between 2.00% to 5.00%, with interest payments due semiannually. Principal payments are due in annual amounts ranging from \$1,980 in fiscal year 2023 to \$4,345 in fiscal year 2035. The Series 2016A G.O. Bonds are net of unamortized original issue premium of \$5,199 and \$5,771 as of June 30, 2025 and 2024, respectively.

## **Palomar Health**

### **Notes to Financial Statements (Dollars in Thousands)**

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- Series 2016B General Obligation Bonds (Series 2016B G.O. Bonds) bear interest at rates between 2.00% to 5.00%, with interest payments due semiannually. Principal payments are due in annual amounts ranging from \$13,310 in fiscal year 2028 to \$19,305 in fiscal year 2038. The Series 2016B G.O. Bonds are net of unamortized original issue premium of \$11,323 and \$12,345 as of June 30, 2025 and 2024, respectively. The net unamortized loss on refunding is \$2,375 and \$2,590 as of June 30, 2025 and 2024, respectively, and is included as deferred outflow of resources and amortized.
- Series 2010A General Obligation Bonds ("Series 2010A G.O. Bonds") accreted interest compounded at rates between 6.84% to 7.85% on \$14,917 Capital Appreciation Bonds ("CABs") with the first payment to bondholders due on August 1, 2034. Accreted interest compounds at 6.75% on \$49,999 Convertible CABs with the first payment to bondholders also due on August 1, 2034. Principal payments are due in annual amounts ranging from \$1,476 in fiscal year 2038 to \$33,159 in fiscal year 2041. The Series 2010A G.O. Bonds are net of unamortized premium of \$433 and \$464 as of June 30, 2025 and 2024, respectively.
- Series 2009A General Obligation Bonds ("Series 2009 G.O. Bonds") accreted interest compounded at rates between 6.84% to 9.00% on \$50,001 CABs with the first payment to bondholders on August 1, 2019. Accreted interest compounded at 7.00% on \$59,999 Convertible CABs with the first payment to bondholders on August 1, 2033. Principal payments are due in annual amounts ranging from \$954 in fiscal year 2023 to \$18,868 in fiscal year 2039. The Series 2009 G.O. Bonds are net of unamortized premium of \$1,797 and \$2,007 as of June 30, 2025 and 2024, respectively.
- Series 2007A General Obligation Bonds ("Series 2007A G.O. Bonds") are compounded at interest rates between 3.67% to 4.92% on \$66,083 CABs with the first payment paid to bondholders on August 1, 2011. Principal payments are due in annual amounts ranging from \$5,434 in fiscal 2022 to \$6,585 in fiscal 2027. The Series 2007A G.O. Bonds are net of unamortized premium of \$42 and \$108 as of June 30, 2025 and 2024, respectively. A portion of the Series 2007A G.O. Bonds, the current interest bonds, was advance refunded on October 27, 2016, with proceeds from the issuance of the Series 2016B G.O. Bonds. As a result, the Series 2007A G.O. current interest bonds are considered to be defeased and the liability for these bonds has been removed from the statements of net position. PH refunded the 2007A G.O. Bonds to reduce its total debt service payments over the next 21 years by \$50,200 and to obtain an economic gain of \$38,200.
- The Non-designated Public Hospital Bridge Loan Program enables the California Health Facilities Financing Authority to issue up to a total of \$40 million in zero interest working capital loans to eligible non-designated public hospitals that are affected by financial delays associated with the transition from the PRIME Program to the QIP Program. These loans are secured by PH's Medi-Cal reimbursements and are required to be repaid within two years of their issuance date. PH received a loan for \$8,579 during the year ended June 30, 2023, and two separate loans totaling \$6,877 during the year ended June 30, 2022. In June 2025, California Assembly Bill No. 102 was passed, which extended the repayment period of the third and final installment of the loan. The new bill requires district hospitals to begin equal monthly repayments commencing 36 months after receiving the loan, instead of 24 months. Additionally, PH now has 60 months from the loan date to discharge the debt. Payments, including 1% administration fee of \$3,481 and \$3,396 were paid on February 3, 2024, and April 1, 2024, respectively.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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- PH received a loan from Sharp Healthcare in the amount of \$25,000 in March 2024. The loan bears interest at an annual rate of 5.00% and matures in June 2030. Interest only payments in the monthly amount of \$104 are due for one year after execution of the loan agreement. Monthly principal and interest payments in the amount of \$302 commence in September 2025. The loan is subject to the same covenants as set forth under the indenture and insurance agreements for the COP.
- PH received a loan from The Regents of the University of California on behalf of University of California San Diego (UCSD) Health in the amount of \$20,000 in April 2025. The loan bears interest at an annual rate of 5.00% and is due in full upon maturity in one year. The loan is subject to the same covenants as set forth under the indenture and insurance agreements for the COP.

All the G.O. Bonds represent the general obligation of PH in an amount sufficient to service the obligation, and PH has the power and is obligated to cause to be levied and collected by the County of San Diego annual *ad valorem* taxes upon all property within PH's boundaries subject to taxation by PH for payment of the principal and interest on the bonds when due. However, PH is legally required to repay the G.O. Bonds if collected *ad valorem* taxes are insufficient.

PH is required to maintain certain debt covenants (Days Cash on Hand and Maximum Annual Debt Service Coverage) under its indenture and insurance agreements for the COP. The covenants stipulate that in the event of underachievement, the insurers may require PH to call in mutually agreed-upon consultants to perform mutually agreed-upon scope of services to assist PH in achieving the covenants. Violations below a certain amount result in an event of default unless waived. As of and for the year ended June 30, 2024, PH violated the debt covenants which resulted in an event of default. PH currently has a forbearance and waiver in effect related to the covenants.

The estimated fair value of PH's long-term debt was approximately \$1,353,000 and \$1,419,000 as of June 30, 2025 and 2024, respectively, based on quotations from independent third-parties.



## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

Estimated future principal and interest payments on long-term debt as of June 30, 2025, are as follows (in thousands):

	Principal	Interest	Total
Years Ending June 30,			
2026	\$ 46,938	\$ 73,846	\$ 120,784
2027	29,611	74,593	104,204
2028	63,765	74,873	138,638
2029	43,087	67,324	110,411
2030 - 2034	45,546	68,628	114,174
2035 - 2039	243,423	350,112	593,535
2040 - 2044	270,941	294,548	565,489
2045 - 2049	134,774	109,307	244,081
2050 - 2053	139,095	48,509	187,604
2054 - 2058	111,499	8,985	120,484
Subtotal	1,128,679	1,170,725	2,299,404
Net premium on bonds	48,221	-	48,221
Accrued interest on capital appreciation bonds	246,582	-	246,582
Total	<u>\$ 1,423,482</u>	<u>\$ 1,170,725</u>	<u>\$ 2,594,207</u>

#### Note 12 – Deferred Annuity Contracts

PH offers its employees a deferred compensation plan, which has an employer-match component created in accordance with IRC Section 457. Employees who elect to participate in the plan make contributions through a reduction in salary. All participating employees manage their contribution and investment choices through a funding agency selected by PH.

Effective July 2006, PH began providing an employer match to the employee deferred compensation plan. Under the plan and subject to a cap of 2% on the amount of compensation deferred, PH matches up to 50% of the employee's contribution, based on a variety of factors including length of employment. Prior to July 2006, contributions to the deferred compensation plan were made only by employees who chose to participate. During the years ended June 30, 2025 and 2024, PH made matching contributions of \$3,501 and \$3,453, respectively.

The investments of PH's IRC Section 457 plan and earnings thereon are held in trust for the exclusive benefit of the plan participants and their beneficiaries. The IRC Section 457 plan and earnings are not subject to claims of PH's general creditors. Accordingly, the accompanying statements of net position do not include the funds deposited with financial institutions pursuant to deferred annuity contracts.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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#### Note 13 – Retirement Plan

PH sponsors a defined contribution retirement plan under which benefits are limited to amounts accumulated from total contributions by PH and by participating employees, plus earnings thereon. Generally, all employees with one year of service are eligible to participate. For the years ended June 30, 2025 and 2024, contributions under the retirement plan by PH were 6% of covered employees' basic compensation. Contributions are funded as accrued. Total PH contributions expensed for the years ended June 30, 2025 and 2024, were \$23,150 and \$17,143, respectively.

#### Note 14 – Postemployment Healthcare Plan

The District accounts for its postemployment healthcare plan under GASB Codification Section P50, *Postemployment Benefits Other Than Pensions – Reporting for Benefits Provided Through Trusts That Meet Specified Criteria – Defined Benefit*.

**Plan description and funding policy** – PH's Postemployment Healthcare Plan (the Plan) is a single-employer defined benefit healthcare plan administered by Discovery Benefits. The Plan provides medical and dental insurance benefits to qualified postemployment participants on a gap coverage basis. Coverage is limited to those employees who have provided 10 years of consecutive service, are below the age of 65, and do not receive coverage from other sources. The contribution requirements of the Plan members and PH are established and may be amended by the board of directors. The required contribution is based on estimated pay-as-you-go financing requirements.

**Employees covered by benefit terms** – As of the current and prior valuation dates, the following employees were covered by the Plan:

	<u>June 30, 2025</u>	<u>July 1, 2024</u>
Inactive employees currently receiving benefit payments	2	10
Active employees	<u>3,510</u>	<u>2,731</u>
Total	<u><u>3,512</u></u>	<u><u>2,741</u></u>

**Total OPEB liability** – PH's total OPEB liability of \$1,057 and \$1,226 was measured as of June 30, 2025 and 2024, and was determined by an actuarial valuation as of that date.

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

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**Actuarial assumptions and other inputs** – The total OPEB liability in the June 30, 2025, actuarial valuation is determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified. The actuarial assumptions used in the June 30, 2025, valuation were based on the results of an actuarial experience study for the period June 30, 2024, to June 30, 2025.

Inflation	2.50%
Salary increases	3.25%
Discount rate	4.81%
Healthcare cost trend rates	5.6% in 2026, 5.4% for 2027, and decreasing to an ultimate rate of 4% in 2075+

The discount rate was based on Bond Buyer 20-Bond General Obligation Index. Mortality rates were based on the RP-2000. Combined mortality table rates projected with mortality improvement scale BB.

Changes in the OPEB liability for the years ended June 30 were as follows (in thousands):

	2025	2024
Total OPEB liability – prior measurement date	\$ 1,226	\$ 1,228
Changes in total OPEB liability		
(a) Service cost	61	55
(b) Interest on the total OPEB liability	47	45
(c) Changes on benefit terms	-	-
(d) Differences between expected and actual experience	(127)	(12)
(e) Changes of assumptions or other inputs	(83)	(27)
(f) Benefit payments	(67)	(63)
Total OPEB liability – current measurement date	<u>\$ 1,057</u>	<u>\$ 1,226</u>
Covered-employee payroll	\$ 297,544	\$ 198,974
Total OPEB liability as a % of covered-employee payroll	0.36%	0.62%
Key information		
Valuation date	June 30, 2025	July 1, 2023
Reporting date	June 30, 2025	June 30, 2024
Measurement date	June 30, 2025	June 30, 2024
Discount rate as of the measurement date	4.81%	3.97%
Municipal bond index rate	3.97%	3.97%
Municipal bond index date	June 30, 2025	June 30, 2024

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

**Sensitivity of the net OPEB liability to changes in the discount rate** – The following presents PH's total OPEB liability using the final discount rate of 4.81% and preliminary discount rate of 3.97% for June 30, 2025 and 2024, measurement dates, respectively, as well as what the total OPEB liabilities would be if they were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate (in thousands).

	June 30, 2025			June 30, 2024		
	1% Decrease 3.81%	Discount Rate 4.81%	1% Increase 5.81%	1% Decrease 2.97%	Discount Rate 3.97%	1% Increase 4.97%
Net OPEB liability	\$ 1,148	\$ 1,058	\$ 976	\$ 1,317	\$ 1,227	\$ 1,145

**Sensitivity of the net OPEB liability to changes in the healthcare trend rates** – The following presents PH's total OPEB liability using the current health trend rates, as well as what the total OPEB liability would be if it were calculated using healthcare trend rates that are one percentage point lower or one percentage point higher than the current healthcare trend rates (in thousands).

	June 30, 2025 (FYE 2026 trend and later)			June 30, 2024 (FYE 2025 trend and later)		
	1% Decrease 4.6% to 3.0%	Current 5.6% to 4.0%	1% Increase 6.6% to 5.0%	1% Decrease 8.00% to 2.94%	Current 9.00% to 3.94%	1% Increase 10.0% to 4.94%
Net OPEB liability	\$ 958	\$ 1,058	\$ 1,173	\$ 1,116	\$ 1,227	\$ 1,353

**OPEB expense and deferred outflows of resources and deferred inflows of resources related to OPEB** – For the fiscal years ended June 30, 2025 and 2024, PH recognized excess OPEB deferred inflows over expense of \$234 and \$133. The deferred outflows of resources and deferred inflows of resources related to OPEB are as follows (in thousands):

	June 30, 2025			June 30, 2024		
	Deferred Outflows of Resources	Deferred Inflows of Resources	Net Amount	Deferred Outflows of Resources	Deferred Inflows of Resources	Net Amount
Differences between expected and actual experience	\$ -	\$ (160)	\$ (160)	\$ -	\$ (118)	\$ (118)
Changes of assumptions and other inputs	23	(97)	(74)	47	(62)	(15)
Total	\$ 23	\$ (257)	\$ (234)	\$ 47	\$ (180)	\$ (133)

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows (in thousands):

Years Ending June 30,	
2025	\$ (67)
2026	(41)
2027	(32)
2028	(30)
2026	(29)
Thereafter	<u>(35)</u>
	<u>\$ (234)</u>

#### Note 15 – Commitments and Contingencies

**Legal matters** – The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medi-Cal programs, is subject to government review and interpretation, as well as regulatory actions. Claims for payment for services rendered to Medicare and Medi-Cal beneficiaries must meet applicable billing laws and regulations, which, among other things, require that the services are medically necessary, accurately coded, and sufficiently documented in the beneficiaries' medical records. Allegations concerning possible violations of regulations can result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues for patient services.

PH has ongoing efforts to comply with laws and regulations, to assess its prior compliance, and the potential impact of noncompliance. PH with its ongoing compliance program will continue to monitor, investigate, and correct any potential areas of noncompliance. No regulatory action has been asserted against PH to date, although such action could occur in the future.

PH is a party to certain other legal actions arising in the ordinary course of business. In the opinion of PH management, the liability, if any, under these claims is adequately covered by insurance. PH is insured for medical malpractice under a claims-made and reported policy.

PH is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; natural disasters; and employee health and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters.

On May 5, 2024, PHMG was the victim of a ransomware incident that caused a disruption to its computer network. Upon discovery, PHMG immediately shut down its network and implemented response procedures and mitigation measures to restore its systems securely. PHMG successfully restored its systems and resumed normal network operations in or around July 2024. PHMG notified the applicable regulatory agencies and provided notice to patients whose data may have been impacted.

## Palomar Health

### Notes to Financial Statements (Dollars in Thousands)

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**Workers' compensation program** – Beginning July 1, 2016, through June 30, 2023, PH contracted with Safety National Casualty Corporation to provide workers' compensation insurance coverage. Beginning July 1, 2023, PH contracted with Hub International to provide excess coverage of workers' compensation. PH is self-insured for the first \$1,000 of each occurrence with a maximum limit of indemnity per occurrence of \$1,000. As of June 30, 2025 and 2024, estimated claims liabilities for workers' compensation recorded were \$12,245 and \$10,789, respectively.

Activity in PH's workers' compensation claims liability during the years ended June 30, 2025 and 2024, is summarized as follows (in thousands):

	2025	2024
BALANCE, beginning of the year	\$ 10,789	\$ 6,983
Current year claims incurred and changes in estimates for claims incurred in the prior year	3,963	7,695
Claims and expenses paid	<u>(2,507)</u>	<u>(3,889)</u>
BALANCE, end of year	12,245	10,789
Less current portion, included in other accrued liabilities	<u>(3,536)</u>	<u>(3,738)</u>
BALANCE, end of year, less current portion	<u><u>\$ 8,709</u></u>	<u><u>\$ 7,051</u></u>

**Employee medical plan** – Effective January 1, 2021, PH implemented a self-insured medical plan for eligible employees and dependents as part of its employee benefits program. The self-insured program replaced a fully indemnified medical insurance plan through a health maintenance organization. PH carries a stop loss insurance policy for medical claims exceeding \$400 individually and \$500 in the aggregate. As of June 30, 2025 and 2024, the estimated claims liability recorded was \$2,207 and \$5,343, respectively, and is included in accrued compensation and related liabilities on the statements of net position.

As of January 2025, PH fully transitioned from a self-insured program to a fully indemnified medical insurance plan with Sharp Health Plan.

**Comprehensive liability insurance coverage** – PH is insured for comprehensive liability (professional liability, bodily injury and property damage liability, personal injury, advertising injury and discrimination liability, and employee benefit liability) under a claims-made policy with the California Nurses Association, which covers asserted claims and incidents reported. PH is self-insured for the first \$1,000 for each claim and \$7,000 in aggregate. PH's comprehensive liability insurance was renewed effective July 1, 2024, and the current policy expires on July 1, 2025. PH has reserves for estimated claims through 2015, including an estimate of IBNR.

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

Activity in PH's comprehensive liability insurance coverage liability during the years ended June 30, 2025 and 2024, is summarized as follows (in thousands):

	2025	2024
BALANCE, beginning of the year	\$ 6,123	\$ 5,607
Current year claims incurred and changes in estimates	826	516
BALANCE, end of the year	<u>\$ 6,949</u>	<u>\$ 6,123</u>

**Seismic compliance** – California Senate Bill 1953 requires hospital acute care buildings to meet more stringent seismic guidelines by 2020. The California Office of Statewide Health Planning & Development assigns structural performance category (SPC) ratings to each acute care hospital facility in the state. As of June 17, 2021, the Escondido facility was assigned SPC-5 and Poway campus buildings were assigned SPC-4 and SPC-5 ratings. As such, they may be used to provide in patient care beyond January 1, 2030.

### Note 16 – Condensed Combining Information

A summary of the condensed combining information as of June 30, 2025, is as follows (in thousands):

ASSETS AND DEFERRED OUTFLOW OF RESOURCES							
Condensed Combining Statement of Net Position as of June 30, 2025							
	PH	PHMG	PAC	NCRE	SANDEMA	Eliminations	Total
Current assets	\$ 414,160	\$ 44,351	\$ 3,972	\$ 265	\$ 1,682	\$ (54,279)	\$ 410,151
Capital assets, net	945,954	7,283	-	869	-	-	954,106
Lease and SBITA right-to-use assets, net	312,103	28,618	-	-	-	(20,301)	320,420
Noncurrent assets	204,551	2,330	-	-	-	-	206,881
Total assets	1,876,768	82,582	3,972	1,134	1,682	(74,580)	1,891,558
Deferred outflow of resources - loss on refunding of debt	44,278	-	-	-	-	-	44,278
Total assets and deferred outflow of resources	<u>\$ 1,921,046</u>	<u>\$ 82,582</u>	<u>\$ 3,972</u>	<u>\$ 1,134</u>	<u>\$ 1,682</u>	<u>\$ (74,580)</u>	<u>\$ 1,935,836</u>
LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION							
Current liabilities	\$ 297,322	\$ 101,922	\$ 36	\$ 1,459	\$ 348	\$ (58,319)	\$ 342,768
Long-term liabilities	1,706,032	23,108	-	-	-	(16,261)	1,712,879
Total liabilities	2,003,354	125,030	36	1,459	348	(74,580)	2,055,647
Deferred inflow of resources	94,409	-	-	-	-	-	94,409
Total liabilities and deferred inflow of resources	2,097,763	125,030	36	1,459	348	(74,580)	2,150,056
Invested in capital assets, net of related debt	(319,956)	5,946	-	1,661	-	-	(312,349)
Restricted	47,996	-	-	-	-	-	47,996
Unrestricted	95,243	(48,394)	3,936	(1,986)	1,334	-	50,133
Total net position	<u>(176,717)</u>	<u>(42,448)</u>	<u>3,936</u>	<u>(325)</u>	<u>1,334</u>	<u>-</u>	<u>(214,220)</u>
Total liabilities, deferred inflow of resources, and net position	<u>\$ 1,921,046</u>	<u>\$ 82,582</u>	<u>\$ 3,972</u>	<u>\$ 1,134</u>	<u>\$ 1,682</u>	<u>\$ (74,580)</u>	<u>\$ 1,935,836</u>

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

PH is the sole corporate member of PHMG and PHMG is dependent upon PH for financial support. PHMG received \$43,899 and \$51,398 in financial support for the years ended June 30, 2025 and 2024, respectively, including capital contributions of \$1,899 and \$9,388 for the years ended June 30, 2025 and 2024, respectively.

Subsequent to June 30, 2025, PHMG has received an additional \$10,592 of financial support.

Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position For the Ended of June 30, 2025							
	PH	PHMG	PAC	NCRE	SANDEMA	Elimination	Total
OPERATING REVENUE							
Patient service revenue	\$ 733,070	\$ 56,148	\$ -	\$ -	\$ -	\$ -	\$ 789,218
Shared risk revenue	75,782	29,915	-	-	-	(1,561)	104,136
Other revenue	11,791	6,656	223	1,339	4,942	(589)	24,362
PH program revenue	-	31,440	-	-	-	(31,440)	-
Total operating revenue	<u>820,643</u>	<u>124,159</u>	<u>223</u>	<u>1,339</u>	<u>4,942</u>	<u>(33,590)</u>	<u>917,716</u>
OPERATING EXPENSES	824,214	190,762	974	1,635	4,203	(40,618)	981,170
DEPRECIATION AND AMORTIZATION	61,701	11,386	-	-	-	-	73,087
Total operating expenses	<u>885,915</u>	<u>202,148</u>	<u>974</u>	<u>1,635</u>	<u>4,203</u>	<u>(40,618)</u>	<u>1,054,257</u>
INCOME (LOSS) FROM OPERATIONS	<u>(65,272)</u>	<u>(77,989)</u>	<u>(751)</u>	<u>(296)</u>	<u>739</u>	<u>7,028</u>	<u>(136,541)</u>
NONOPERATING INCOME (EXPENSE)							
Investment income (loss)	19,302	(292)	-	-	-	-	19,010
Interest expense	(89,121)	(336)	-	-	-	220	(89,237)
Property tax revenue	72,154	-	-	-	-	-	72,154
Interfund support	(43,899)	45,364	-	-	-	302	1,767
Amortization expense	(17,720)	-	-	-	-	-	(17,720)
Other, net	(664)	(95)	-	(29)	595	(7,248)	(7,441)
income, net	<u>(59,948)</u>	<u>44,641</u>	<u>-</u>	<u>(29)</u>	<u>595</u>	<u>(6,726)</u>	<u>(21,467)</u>
CHANGE IN NET POSITION	(125,220)	(33,348)	(751)	(325)	1,334	302	(158,008)
NET POSITION, beginning of year	<u>(51,497)</u>	<u>(9,100)</u>	<u>4,687</u>	<u>-</u>	<u>-</u>	<u>(302)</u>	<u>(56,212)</u>
NET POSITION, end of year	<u>\$ (176,717)</u>	<u>\$ (42,448)</u>	<u>\$ 3,936</u>	<u>\$ (325)</u>	<u>\$ 1,334</u>	<u>\$ -</u>	<u>\$ (214,220)</u>

Condensed Combining Statement of Cash Flows for the Year Ended June 30, 2025							
	PH	PHMG	PAC	NCRE	SANDEMA	Elimination	Total
CASH FLOWS FROM							
Operating activities	62,456	\$ (37,300)	\$ 1,047	\$ 1,093	\$ 359	\$ -	\$ 27,655
Noncapital financing activities	24,372	-	-	-	-	-	24,372
Capital and related financing activities	(155,262)	33,844	-	(868)	-	-	(122,286)
Investing activities	66,076	2,963	-	-	-	-	69,039
NET INCREASE (DECREASE) IN CASH EQUIVALENTS	(2,358)	(493)	1,047	225	359	-	(1,220)
CASH AND CASH EQUIVALENTS, beginning of year	<u>17,359</u>	<u>3,614</u>	<u>2,892</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>23,865</u>
CASH AND CASH EQUIVALENTS, end of year	<u>15,001</u>	<u>\$ 3,121</u>	<u>\$ 3,939</u>	<u>\$ 225</u>	<u>\$ 359</u>	<u>\$ -</u>	<u>\$ 22,645</u>



# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

A summary of the condensed combining information as of June 30, 2024, is as follows (in thousands):

### ASSETS AND DEFERRED OUTFLOW OF RESOURCES

	Condensed Combining Statement of Net Position as of June 30, 2024				
	PH	PHMG	PAC	Eliminations	Total
Current assets	\$ 465,962	\$ 56,836	\$ 5,928	\$ (53,982)	\$ 474,744
Capital assets, net	969,520	8,744	-	-	978,264
Lease and SBITA right-to-use assets, net	334,609	49,388	-	(23,384)	360,613
Noncurrent assets	213,546	4,365	-	(8,066)	209,845
Total assets	1,983,637	119,333	5,928	(85,432)	2,023,466
Deferred outflow of resources - loss on refunding of debt	47,107	-	-	-	47,107
Total assets and deferred outflow of resources	<u>\$ 2,030,744</u>	<u>\$ 119,333</u>	<u>\$ 5,928</u>	<u>\$ (85,432)</u>	<u>\$ 2,070,573</u>

### LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND NET POSITION

Current liabilities	\$ 239,687	\$ 79,929	\$ 1,242	\$ (57,964)	\$ 262,894
Long-term liabilities	1,739,811	48,503	-	(27,166)	1,761,148
Total liabilities	1,979,498	128,432	1,242	(85,130)	2,024,042
Deferred inflow of resources	102,743	-	-	-	102,743
Total liabilities and deferred inflow of resources	<u>2,082,241</u>	<u>128,432</u>	<u>1,242</u>	<u>(85,130)</u>	<u>2,126,785</u>
Invested in capital assets, net of related debt	(292,964)	7,406	-	899	(284,659)
Restricted	50,706	-	-	-	50,706
Unrestricted	190,761	(16,505)	4,686	(1,201)	177,741
Total net position	<u>(51,497)</u>	<u>(9,099)</u>	<u>4,686</u>	<u>(302)</u>	<u>(56,212)</u>
Total liabilities, deferred inflow of resources, and net position	<u>\$ 2,030,744</u>	<u>\$ 119,333</u>	<u>\$ 5,928</u>	<u>\$ (85,432)</u>	<u>\$ 2,070,573</u>

# Palomar Health

## Notes to Financial Statements (Dollars in Thousands)

### Condensed Combining Statement of Revenue, Expenses, and Changes in Net Position For the Year Ended June 30, 2024

	PH	PHMG	PAC	Elimination	Total
<b>OPERATING REVENUE</b>					
Patient service revenue	\$ 670,441	\$ 83,737	\$ -	\$ -	\$ 754,178
Shared risk revenue	59,727	54,071	-	(5,395)	108,403
Other revenue	13,655	10,999	4,677	(1,859)	27,472
PH program revenue	-	19,262	-	(19,262)	-
<b>Total operating revenue</b>	<b>743,823</b>	<b>168,069</b>	<b>4,677</b>	<b>(26,516)</b>	<b>890,053</b>
<b>OPERATING EXPENSES</b>	<b>802,184</b>	<b>212,572</b>	<b>2,887</b>	<b>(26,518)</b>	<b>991,125</b>
<b>DEPRECIATION AND AMORTIZATION</b>	<b>57,894</b>	<b>12,233</b>	<b>-</b>	<b>(6,101)</b>	<b>64,026</b>
<b>Total operating expenses</b>	<b>860,078</b>	<b>224,805</b>	<b>2,887</b>	<b>(32,619)</b>	<b>1,055,151</b>
<b>INCOME (LOSS) FROM OPERATIONS</b>	<b>(116,255)</b>	<b>(56,736)</b>	<b>1,790</b>	<b>6,103</b>	<b>(165,098)</b>
<b>NONOPERATING INCOME (EXPENSE)</b>					
Investment income (loss)	20,307	2	-	-	20,309
Interest expense	(88,709)	(284)	-	(144)	(89,137)
Property tax revenue	70,187	-	-	-	70,187
Interfund support	(51,379)	52,000	-	2	623
Amortization expense	(16,408)	-	-	141	(16,267)
Other, net	7,173	(986)	-	(5,829)	358
<b>Total nonoperating (expense) income, net</b>	<b>(58,829)</b>	<b>50,732</b>	<b>-</b>	<b>(5,830)</b>	<b>(13,927)</b>
<b>CHANGE IN NET POSITION</b>	<b>(175,084)</b>	<b>(6,004)</b>	<b>1,790</b>	<b>273</b>	<b>(179,025)</b>
<b>NET POSITION, beginning of year</b>	<b>123,587</b>	<b>(3,095)</b>	<b>2,896</b>	<b>(575)</b>	<b>122,813</b>
<b>NET POSITION, end of year</b>	<b>\$ (51,497)</b>	<b>\$ (9,099)</b>	<b>\$ 4,686</b>	<b>\$ (302)</b>	<b>\$ (56,212)</b>

### Condensed Combining Statement of Cash Flows for the Year Ended June 30, 2024

	PH	PHMG	PAC	Elimination	Total
<b>CASH FLOWS FROM</b>					
Operating activities	\$ (30,860)	\$ (43,895)	\$ 1,772	\$ 14,026	\$ (58,957)
Noncapital financing activities	23,366	-	-	-	23,366
Capital and related financing activities	(158,958)	43,290	-	(13,709)	(129,377)
Investing activities	119,114	2	-	(211)	118,905
<b>NET INCREASE (DECREASE) IN CASH EQUIVALENTS</b>	<b>(47,338)</b>	<b>(603)</b>	<b>1,772</b>	<b>106</b>	<b>(46,063)</b>
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<b>64,697</b>	<b>4,217</b>	<b>1,014</b>	<b>-</b>	<b>69,928</b>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<b>\$ 17,359</b>	<b>\$ 3,614</b>	<b>\$ 2,786</b>	<b>\$ 106</b>	<b>\$ 23,865</b>

## **Required Supplementary Information**

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# Palomar Health

## Schedule of Changes in the Net OPEB Liability and Related Ratios – Last 10 Fiscal Years (Shown in Thousands)

	Fiscal Year End Reporting Periods												
	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
1. Total OPEB liability – prior measurement date	\$ 1,227	\$ 1,228	\$ 1,242	\$ 1,403	\$ 1,404	\$ 1,230	\$ 1,193	\$ 1,176	\$ 1,190	n/a	n/a	n/a	n/a
2. Changes in total OPEB liability													
(a) Service cost	61	55	62	85	91	67	69	60	72	n/a	n/a	n/a	n/a
(b) Interest on the total OPEB liability	47	46	44	32	30	44	46	43	35	n/a	n/a	n/a	n/a
(c) Changes on benefit terms	(127)	(12)	-	-	-	-	-	-	-	n/a	n/a	n/a	n/a
(d) Differences between expected and actual experience	(83)	(27)	(123)	(93)	(139)	-	(48)	-	-	n/a	n/a	n/a	n/a
(e) Changes of assumptions or other inputs	-	-	77	(133)	54	120	34	(24)	(63)	n/a	n/a	n/a	n/a
(f) Benefit payments	(67)	(63)	(74)	(52)	(37)	(57)	(64)	(62)	(58)	n/a	n/a	n/a	n/a
(g) Total	\$ 1,058	\$ 1,227	\$ 1,228	\$ 1,242	\$ 1,403	\$ 1,404	\$ 1,230	\$ 1,193	\$ 1,176	\$ -	\$ -	\$ -	\$ -
3. Total OPEB liability – current measurement date	\$ 1,058	\$ 1,227	\$ 1,228	\$ 1,242	\$ 1,403	\$ 1,404	\$ 1,230	\$ 1,193	\$ 1,176	\$ 1,190	\$ -	\$ -	\$ -
4. Estimated covered-employee payroll	\$ -	\$ -	\$ 225,484	\$ 228,047	\$ 257,890	\$ 227,447	\$ 258,493	\$ 209,718	\$ 240,492	n/a	n/a	n/a	n/a
5. Total OPEB liability as a % of covered-employee payroll	0.00%	0.00%	0.50%	0.50%	0.50%	0.62%	0.48%	0.60%	0.50%	n/a	n/a	n/a	n/a
Key information													
Valuation date	June 30, 2025	July 1, 2022	July 1, 2022	July 1, 2020	July 1, 2020	July 1, 2019	July 1, 2018	July 1, 2016	July 1, 2016	July 1, 2016	n/a	n/a	n/a
Reporting date	June 30, 2025	June 30, 2024	June 30, 2023	June 30, 2022	June 30, 2021	June 30, 2020	June 30, 2019	June 30, 2018	June 30, 2017	n/a	n/a	n/a	n/a
Measurement date	June 30, 2025	June 30, 2024	June 30, 2023	June 30, 2022	June 30, 2021	June 30, 2020	June 30, 2019	June 30, 2018	June 30, 2017	June 30, 2016	n/a	n/a	n/a
Discount rate as of the measurement date	4.81%	3.97%	3.65%	3.54%	2.16%	2.21%	3.48%	3.87%	3.58%	2.85%	n/a	n/a	n/a
Bond index rate	4.81%	3.97%	3.65%	3.54%	2.16%	2.21%	3.48%	3.87%	3.58%	2.85%	n/a	n/a	n/a
Bond index date	June 30, 2025	June 30, 2024	June 30, 2023	June 30, 2022	June 30, 2021	June 30, 2020	June 11, 2019	June 30, 2018	June 30, 2017	June 30, 2016	n/a	n/a	n/a

Notes: PH has no assets that are accumulated in a trust to pay-related benefits that meet the criteria in paragraph 4 of Statement 75.

See report of independent auditors.