DEBORAH HEART AND LUNG CENTER
Consolidated Financial Statements
December 31, 2019 and 2018
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Deborah Heart and Lung Center
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ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
Deborah Heart and Lung Center:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Deborah Heart and Lung Center, which comprise the consolidated balance sheets as of December 31, 2019 and 2018, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Deborah Heart and Lung Center as of December 31, 2019 and 2018, and the results of its operations, its changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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Emphasis of Matter – Changes in Accounting Principles

As discussed in Note 2 to the consolidated financial statements, in 2019, Deborah Heart and Lung Center adopted new accounting guidance related to revenue recognition, contributions made and contributions received, restricted cash and investments, and net period pension costs. Our opinion is not modified with respect to these matters.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary consolidating balance sheets as of December 31, 2019 and 2018 and consolidating statements of operations and changes in net assets for the years ended December 31, 2019 and 2018 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

WithumSmith+Brown, PC

June 17, 2020

Deborah Heart and Lung Center
Consolidated Balance Sheets
December 31, 2019 and 2018

Assets	**2019**	**2018**
Current assets		
Cash and cash equivalents	$ 15,395,046	$ 16,879,742
Assets limited as to use	1,031,287	1,031,923
Investments	7,765,809	6,646,886
Patient accounts receivable, net	25,147,664	23,682,068
Other contract assets	859,855	848,675
Due from Deborah Hospital Foundation	3,911,410	2,550,026
Supplies	5,254,302	4,899,006
Prepaid expenses and other current assets	3,161,691	2,763,890
Total current assets	62,527,064	59,302,216
Assets limited as to use		
By Board for designated purposes	12,249,754	9,245,992
Insurance claims - held by Deborah Medical Associates	4,093,083	2,467,519
	16,342,837	11,713,511
Property, plant and equipment, net	36,820,245	37,218,762
Other assets	632,250	658,650
Beneficial interest in perpetual trust	1,771,366	1,564,563
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	13,715,242	6,529,006
Total assets	$ 131,809,004	$ 116,986,708
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	$ 26,596,932	$ 21,765,067
Accrued compensation and employee benefits	12,933,684	12,051,961
Estimated settlements due to third-party payors, net	1,651,133	1,319,210
Accrued interest payable	253,137	316,735
Current maturities of long-term debt	5,565,471	5,209,043
Line of credit	1,000,000	1,000,000
Total current liabilities	48,000,357	41,662,016
Accrued retirement benefits	7,669,604	5,650,128
Estimated malpractice claims liability	2,819,863	2,955,387
Other liabilities	-	87,115
Long-term debt, less current maturities, net	12,480,458	17,150,437
Total liabilities	70,970,282	67,505,083
Net assets		
Without donor restrictions	44,884,542	40,794,505
With donor restrictions	15,954,180	8,687,120
Total net assets	60,838,722	49,481,625
Total liabilities and net assets	$ 131,809,004	$ 116,986,708

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Revenue		
Net patient service revenue	$ 201,028,350	$ 184,615,659
Other revenue, gains and losses	9,856,844	5,509,237
Net assets released from restriction	1,118,000	646,198
Total revenue	212,003,194	190,771,094
Expenses		
Salary and wages	89,431,744	85,384,543
Employee benefits	19,090,054	17,679,867
Supplies and other expenses	94,120,622	80,703,585
Interest	800,118	981,965
Depreciation and amortization	7,138,172	7,063,154
Total expenses	210,580,710	191,813,114
Income (loss) from operations	1,422,484	(1,042,020)
Nonoperating revenue		
Contributions from Deborah Hospital Foundation	4,000,000	4,500,000
Excess of revenue over expenses	5,422,484	3,457,980
Other changes in net assets without donor restrictions		
Net assets released from restriction for property, plant and equipment	480,296	475,835
Other components of net periodic pension costs	(2,796,028)	(3,208,705)
Pension-related changes other than net periodic pension costs	983,285	1,290,806
Changes in net assets without donor restrictions	4,090,037	2,015,916
Net assets with donor restrictions		
Contributions	1,472,317	1,153,782
Net assets released from restriction	(1,598,296)	(1,122,033)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	7,186,236	633,034
Changes in fair value of beneficial interest in perpetual trust	206,803	(438,832)
Changes in net assets with donor restrictions	7,267,060	225,951
Changes in net assets before transfer	11,357,097	2,241,867
Transfer from Deborah Hospital Foundation	-	1,292,510
Changes in net assets	11,357,097	3,534,377
Net assets		
Beginning of year	49,481,625	45,947,248
End of year	$ 60,838,722	$ 49,481,625

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Consolidated Statements of Cash Flows
Years Ended December 31, 2019 and 2018

	2019	2018
Operating activities		
Changes in net assets	$ 11,357,097	$ 3,534,377
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Depreciation and amortization of property, plant and equipment	7,138,172	7,063,154
Interest expense attributable to amortization of deferred financing costs	60,242	60,243
Realized loss on disposal of property, plant and equipment	45,400	34
Transfer from Deborah Hospital Foundation	-	(1,292,510)
Net realized and unrealized losses (gains) on assets whose use is limited	(1,823,017)	686,550
Net realized and unrealized losses on investments	(961,248)	414,080
Amortization of deferred lease incentive	(60,715)	(315,294)
Other components of net periodic pension costs	2,796,028	3,208,705
Pension-related changes other than net periodic pension costs	(983,285)	(1,290,806)
Contributions for property, plant and equipment	(480,296)	(475,835)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	(7,186,236)	(632,957)
Change in fair value of beneficial interest in perpetual trust	(206,803)	438,832
Changes in operating assets and liabilities		
Patient accounts receivable	(1,465,596)	(5,057,898)
Other contract assets	(11,180)	418,131
Due from Deborah Hospital Foundation	(1,361,384)	2,113,368
Supplies	(355,296)	(638,882)
Prepaid expenses and other current assets	(397,801)	(78,699)
Accounts payable and accrued expenses	4,831,865	2,421,804
Accrued compensation and employee benefits	881,723	785,886
Accrued retirement benefits	206,733	269,707
Accrued interest payable	(63,598)	(61,598)
Estimated malpractice claims liability	(135,524)	(85,477)
Estimated settlements due to third-party payors	331,923	(2,559,729)
Net cash provided by operating activities	12,157,204	8,925,186
Investing activities		
Additions to property, plant, and equipment, net	(5,708,935)	(5,389,009)
Purchases of unrestricted investments, net	(1,084,757)	(848,372)
Change in assets limited as to use	(2,867,629)	(589,228)
Net cash used in investing activities	(9,661,321)	(6,826,609)

The Notes to Consolidated Financial Statements are an integral part of these statements.

Deborah Heart and Lung Center
Consolidated Statements of Cash Flows
Years Ended December 31, 2019 and 2018

	2019	2018
Financing activities		
Proceeds from contributions for property, plant and equipment acquisitions	$ 480,296	$ 475,835
Payments on long-term debt	(5,449,913)	(5,411,383)
Net cash used in financing activities	(4,969,617)	(4,935,548)
Net change in cash, cash equivalents and restricted cash	(2,473,734)	(2,836,971)
Cash, cash equivalents and restricted cash		
Beginning of year	19,497,141	22,334,112
End of year	$ 17,023,407	$ 19,497,141
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 676,278	$ 954,349

Supplemental disclosure of non-cash investing and financing activities

During the year ended December 31, 2018, the Center purchased equipment in the amount of $1,450,949 under a note payable. During the year ended December 31, 2019, the Center purchased equipment in the amount of $456,120 under a note payable and $620,000 under a capital lease, respectively.

	2019	2018
Cash, cash equivalents and restricted cash as reported within the statements of financial position		
Cash and cash equivalents	$ 15,395,046	$ 16,879,742
Assets limited as to use - current	1,031,287	1,031,923
Investments	102,595	1,029,677
Assets limited as to use - by Board for designated purposes	334,260	478,699
Assets limited as to use - insurance - held by Deborah Medical Associates	160,219	77,100
Total cash, cash equivalents and restricted cash as shown in the statements of cash flows	$ 17,023,407	$ 19,497,141

The Notes to Consolidated Financial Statements are an integral part of these statements.

1. ORGANIZATION

Deborah Heart and Lung Center is a tax-exempt teaching and tertiary care specialty hospital located in Browns Mills, New Jersey that primarily provides comprehensive inpatient and outpatient cardiac, vascular, and pulmonary services.

Deborah Heart and Lung Center, its wholly owned, for-profit subsidiaries, Advanced Medical Management Services, Inc. (“Advanced”), Deborah Medical Investments, LLC (“DMI”), and its captive insurance company Deborah Medical Associates Insurance Company, LLC (“DMAIC”), along with Deborah Cardiovascular Group, P.C. (“DCG”), a not-for-profit entity, are collectively referred to as the Center. The purpose of Advanced is to provide management and billing services to customers in various locations in New Jersey. Services are obtained either from the marketplace or from the Center and are billed at fair market value to the receiving organization with a markup factor to cover overhead cost. DMI was formed for the purpose of holding investments in for-profit entities that provide healthcare services. DMAIC was formed to provide medical professional liability insurance and commercial general liability insurance to Deborah Heart and Lung Center, its employees and to provide medical malpractice coverage to physicians and allied professionals who are on the medical staff of the Center and who meet certain underwriting criteria.

Deborah Cardiovascular Group, P.C. is a not-for-profit physician's corporation whose sole shareholder is Michael Neary, M.D. The Center holds certain reserved powers over DCG. The Center has contractually agreed to support DCG's operating loss. DCG has agreed to work with, and on behalf of, the Center to meet community needs and fulfill the Center's Community Health Improvement Plan.

Deborah Hospital Foundation (the “Foundation”) is a not-for-profit, tax-exempt corporation established to raise funds to support its charitable program services and operations, including various programs of the Center. Additionally, certain members of the Center’s senior management hold the same position at the Foundation, and certain members of the Foundation's Board of Directors are also members of the Center's Board of Trustees.

The Center's unique charity mission and policy of not balance billing patients has periodically produced a deficiency of revenue and gains over expenses. These deficiencies have been historically supported by annual contributions from the Foundation and direct public support. The Center is dependent upon continuing financial support of the Foundation to meet its cash flow needs. These cash flow needs are budgeted and managed to fall within the amount reflected in the budget. The Foundation has pledged to provide its resources to the Center, as necessary, to allow the Center to fund its operations (see Note 10).

The Center's Board of Trustees currently consists of eleven (11) voting members. They are the Chair of the Board of the Center, the President of the Center, the Chair of the Board of the Foundation and eight (8) additional "At Large" trustees elected by the Center's Board.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The accounts of the Center, DCG, Advanced, DMI and DMAIC have been consolidated in the financial statements, and all significant intercompany balances and transactions between the entities have been eliminated in the consolidated financial statements.

Basis of Accounting

The Center prepares its consolidated financial statements in accordance with accounting principles generally accepted in the United States of America which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation

The Center reports information regarding its financial position and activities according to two classes of net assets which are defined as follows:

Net assets without donor restrictions: Net assets available for use in general operations and not subject to donor-imposed (or certain grantor-imposed) restrictions. The governing Board has designated from net assets without donor restrictions net assets for future operations.

Net assets with donor restrictions: Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when a stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. There were no net assets with donor restrictions that are perpetual in nature at December 31, 2019 and 2018.

Adoption of Accounting Principles

Revenue Recognition

The Financial Accounting Standards Board (“FASB”) issued new guidance that created Topic 606, *Revenue from Contracts with Customers*, in the Accounting Standards Codification (“ASC”). ASC 606 supersedes the revenue recognition requirements in FASB ASC 605, *Revenue Recognition* and most industry-specific guidance. ASC 606 established a core principle that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services.

The Center adopted the requirements of the new guidance as of January 1, 2019, utilizing the full retrospective method of transition. Adoption of the new guidance resulted in minimal changes to the Center’s accounting policies for revenue recognition, and patient accounts receivable. The Center applied the new guidance using the following practical expedients which are provided in ASC 606: completed contracts that began and ended in the same year were not restated; the actual, rather than estimated, consideration was used to determine the transaction price; and the amount of the transaction price allocated to the remaining performance obligations and details of when the Center expects to recognize that amount as revenue for 2018 was not disclosed. The primary impact of adopting ASC 606 is that amounts previously presented in patient accounts receivable, for in-house patients that were not discharged as of the year-end are now presented on the consolidated balance sheets as contract assets rather than patient accounts receivable. The effects of applying these practical expedients were not significant to the consolidated financial statements.

Contributions

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This standard assists entities in evaluating whether transactions should be accounted for as contributions or exchange transactions and determining whether a contribution is conditional or unconditional and better distinguish a donor-imposed condition from a donor-imposed restriction. The Center adopted the requirements of the new guidance in 2019, and concluded that the new standard did not have any significant effect on the financial position or results of operations of the Center, and accordingly, there is no effect on net assets in connection with the implementation of ASU 2018-08.

Financial Assets and Financial Liabilities
In January 2016, FASB issued ASU 2016-01, *Recognition and Measurement of Financial Assets and Financial Liabilities*, which requires equity investments to be measured at fair value with changes in fair value recognized in net income. Equity investments without readily determinable fair values may choose to measure fair value at cost minus impairments and simplify the impairment assessment. ASU 2016-01, eliminates the requirement to disclose the fair value financial instruments at amortized cost. The adoption of this ASU had no effect on the Center's financial statements.

Restricted Cash
In November 2016, Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) 2016-18, *Statement of Cash Flows* (Topic 230), *Restricted Cash*. This ASU provides additional guidance related to transfers between cash and restricted cash and how entities present, in their statements of cash flows, the cash receipts and cash payments that directly affect the restricted cash accounts. The adoption of this ASU resulted in restricted cash that was previously included in investments and assets restricted as to use in cash and cash equivalents and restricted cash on the consolidated statements of cash flows.

Presentation of Net Periodic Pension Costs
In March 2017, FASB issued ASU 2017-07, *Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. This standard makes changes to employers that sponsor defined benefit pension and/or other postretirement benefit plans to present the net periodic benefit cost in the income statement. Employers are required to present the service cost component of net periodic benefit cost in the same statement of operations line item as other employee compensation costs arising from services rendered during the period. Employers are required to present the other components of the net periodic benefit cost separately from the line item that includes the service cost and outside of any subtotal of operating income. For the years ended December 31, 2019 and 2018, there was no service cost component of the net periodic benefit costs. The adoption of this ASU resulted in a reclassification of the total net periodic benefit costs expense from operating expenses to other changes in net assets without donor restrictions as other changes in other components of net periodic pension costs on the accompanying consolidated statements of operations and changes in net assets in the amount of $2,796,028 and $3,208,708 for the years ended December 31, 2019 and 2018, respectively.

Use of Estimates
The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. The most significant management estimates and assumptions related to the determination of contractual allowances for patient accounts receivable; estimated settlements with third-party payors; useful lives of property, plant and equipment; actuarial estimates for the postretirement benefit plan; self-insured reserves, including professional malpractice and general liabilities; and the reported fair values of certain assets and liabilities.

Cash and Cash Equivalents
Cash and cash equivalents include various checking accounts, certificates of deposit, and repurchase agreements with initial maturity dates of three months or less. The Center maintains cash balances with financial institutions that at times may exceed Federal Depository Insurance Corporation limits. Management does not believe the credit risk related to these deposits to be significant.

Supplies
The Center measures its supplies at the lower of cost and net realizable value. Cost is determined on the first-in, first-out method. Net realizable value is defined as the estimated selling prices of the inventory in the ordinary course of business, less reasonably predictable costs of completion, disposal and transportation.

Assets Limited as to Use, Investments and Investment Income
Assets limited as to use by board designation arise from results of operations or contributions not restricted by donors that were designated by the Board of Trustees for specific purposes.

Assets limited as to use for insurance are held by DMAIC for the potential payment of malpractice and comprehensive general liability costs.

Assets limited as to use under bond indenture agreements are held by a trustee for payment of principal and interest due on the bonds (Debt Service Funds).

Investments in debt and equity securities are measured at fair value based on quoted market prices, if available, or estimated market prices for similar securities. The Center's investments are both undesignated and designated as assets limited as to use and are considered other-than-trading securities. Amounts required to meet current liabilities of the Center have been classified as current assets in the consolidated balance sheets.

Investment income and realized gains and losses are included in other revenue; unrealized gains and losses are recorded as other changes in net assets without donor restrictions. Realized gains and losses for all investments are determined by the average cost method.

The Center's investments are managed by investment managers. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

Impairment of Investments
Investments are reviewed for impairment whenever events or changes in circumstances indicate that the fair value of investments below cost will be considered other than temporary. There were no such losses reported for the years ended December 31, 2019 and 2018.

Property, Plant and Equipment
Property, plant and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases are recorded at their present value at the inception of the lease and are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements.

Those assets acquired by gift are carried at amounts established as fair value at the time of acquisition. Gifts of long-lived assets such as land, buildings, or equipment are reported as other changes in net assets without donor restrictions, unless explicit donor stipulations specify how the donated assets must be used. 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 support. 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.

The Center continually evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets is appropriate, or whether the remaining balance may not be recoverable. When factors indicate that long-lived assets should be evaluated for possible impairment, the Center uses an estimate of the related undiscounted operating income over the remaining life of the long-lived asset in measuring whether the long-lived asset is recoverable. The impairment loss on these assets is measured as the excess of the carrying amount of the asset over its fair value. Fair value is based upon market prices were available, or discounted cash flows. Management believes that no revision to the remaining useful lives or write-down of long-lived assets is required at December 31, 2019.

Other Assets

Included in other assets at December 31, 2018 is deferred lease incentive costs, which were being amortized over the life of the lease (see Note 12). The cost basis of the deferred lease incentive was $1,584,000 at December 31, 2018. Accumulated amortization of the deferred lease incentive was $1,399,200 at December 31, 2018. The amortization of the deferred lease incentive of $184,800 and $158,400, for the years ended December 31, 2019 and 2018 is included in rental income. The deferred lease incentive costs were fully amortized as of June 2019.

Also included in other assets is a minority investment in a partnership of $351,450 at December 31, 2019 and 2018, and a minority investment in a limited liability company of $280,800 at December 31, 2019 and 2018. These investments are accounted for under the cost method of accounting as of December 31, 2018. Effective January 1, 2019, the Center adopted ASU 2016-01. Under ASU 2016-01, the cost method of accounting is no longer an allowable method of accounting, and as a result, at December 31, 2019, the partnership and limited liability company investments are reported at estimated fair value using the practical expedient provided in the ASU, which is calculated at cost less impairment, if any, plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issuer. At December 31, 2019, there were no impairments or observable price changes.

Beneficial Interest in a Perpetual Trust

The Center is an income beneficiary of a perpetual trust and has recorded its portion of the fair value of the trust. The original corpus of the trust cannot be violated; however, a contingent beneficiary exists in the event that the Center ceases to exist. Therefore, the trust is reported as net assets with donor restrictions, with a time restriction.

Beneficial Interest in Net Assets with Donor Restrictions Held by the Foundation

The Center has recorded its portion of the fair value of net assets with donor restrictions held by the Foundation. The net assets consist of a trust that is perpetual in nature, and the original corpus that cannot be violated. The income earned from the trust is to be used for the Children of the World Program. A contingent beneficiary exists in the event that the Foundation or the Children of the World Program ceases to exist. Therefore, the trust is reported as net assets with donor restrictions, with a time restriction.

Other Liabilities

Other liabilities consist of unrecognized lease income related to a Satellite Emergency Department on the Center's campus (see Note 12).

Advertising Costs

Advertising costs, which are included in supplies and other expenses in the consolidated statements of operations and changes in net assets, are expensed as incurred. Advertising costs for the years ended December 31, 2019 and 2018 were $1,647,735 and $1,817,902, respectively.

Estimated Malpractice Claims Liability

The provision for estimated medical malpractice claims includes undiscounted estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Net Patient Accounts Receivable and Net Patient Service Revenue

The Center has agreements with third-party payors, including commercial insurance carriers and health maintenance organizations, which provide for payments at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem and case rate payments. Substantially, all patient service revenue recognized by the Center is derived from third-party payors.

Patient accounts receivable are recorded at established rates net of price concessions, including contractual adjustments and discounts and do not bear interest. Management assesses the reasonableness of the accounts receivable based on historical and expected collections, business economic conditions, trends in healthcare coverage and other collection indicators. Accounts are written off when collection efforts have been exhausted and are included in supplies and other expenses on the statements of operations.

Net patient service revenue is reported at the amount that reflects the consideration to which the Center expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration (reductions to revenue due to settlement of audits, reviews and investigations) in determining a transaction price. The patients are billed several days after the services are performed or shortly after discharge. Revenue from inpatient and outpatient services are recognized as performance obligations are satisfied.

The Center's initial estimate of the transaction price for services provided to patients subject to revenue recognition is determined by reducing the total standard charges related to the patient services provided by various elements of variable consideration, including contractual adjustments, discounts, implicit price concessions, and other reductions to the Center's standard charges.

The Center determines the transaction price associated with services provided to patients who have third-party payor coverage on the basis of contractual or formula-driven rates for the services rendered. The estimates for contractual allowances and discounts are based on contractual agreements, the Center's discount policies and historical experience. Except for services not performed at 200 Trenton Road, uninsured or under-insured patients are not billed for services received. For services not performed at 200 Trenton Road, for uninsured or under-insured patients, the Center determines the transaction price associated with services rendered on the basis of charges reduced by implicit price concession. Implicit price concessions are included in the estimate of transaction price.

Generally, the Center bills third-party payors, and certain patients, several days after the services are performed and/or the patient is discharged. Net patient service revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Center. Net patient service revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total charges. The Center believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligations based on the services needed to satisfy the obligation. All of the Center's performance obligations are satisfied over time. The Center measures the performance obligation from admission into the Center or the commencement of an outpatient service to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or the completion of the outpatient visit.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change.

Settlements with third-party payors for cost report filings and retroactive adjustments due to ongoing and future audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Center's historical settlement activity (for example, cost report final settlements or repayments related to recovery audits), including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Such estimates are determined through either a probability-weighted estimate or an estimate of the most likely amount, depending on the circumstances related to a given estimated settlement item.

Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

Electronic Health Records Incentives
The American Recovery and Reinvestment Act of 2009 provides for Medicare and Medicaid incentive payments for eligible hospitals and professionals that implement and achieve meaningful use of certified electronic health record ("EHR") technology. For Medicare and Medicaid EHR incentive payments, the Center utilizes the grant accounting model to recognize revenue. Under this model, EHR incentive payments are recognized as revenue when attestation that the EHR meaningful use criteria for the required period of time is demonstrated. Accordingly, the Center recognized approximately $18,000 of EHR revenue for the year ended December 31, 2019. This amount is included in other revenue in the consolidated statements of operations and changes in net assets. There was no EHR revenue recognized for the year ended December 31, 2018.

The Center's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment.

Gifts with Donor Restrictions
Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as a component of total revenue for operating purposes and as other changes in net assets without donor restrictions for acquisitions of property, plant and equipment.

Excess of Revenue and Gains over Expenses
The consolidated statements of operations and changes in net assets include the excess of revenue over expenses, which represents all revenue, expenses, and gains and losses without donor restrictions for the reporting period. Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenue and expenses. Other transactions are reported as nonoperating gains and losses. Other changes in net assets without donor restrictions that are excluded from the excess of revenue and gains over expenses include contributions for capital renovations and equipment acquisitions, other changes in retirement benefit obligations, and other items.

Income Taxes

Deborah Heart and Lung Center and DCG are not-for-profit corporations and are exempt from federal and state income taxes under existing provisions of the Internal Revenue Code and the laws of the State of New Jersey.

Advanced is a for-profit entity filing the required federal and state income tax returns. For the years ended December 31, 2019 and 2018, no income tax expense was recorded due to prior years' operating losses that have been carried forward. A deferred income tax asset for the net operating losses has not been recorded as the amounts are immaterial. There are no other deferred income tax assets or liabilities at December 31, 2019 and 2018.

DMI and DMAIC are for-profit entities filing the required federal and state partnership returns and do not pay income taxes on their income. Instead, the income is reported by its Member, Deborah Heart and Lung Center, on its informational returns and is not subject to income taxes.

The Center follows the accounting guidance for uncertainties in income tax positions which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The Center does not believe its consolidated financial statements include any material uncertain tax positions. In addition, there have been no tax related interest or penalties for the periods presented in these consolidated financial statements. Should any such penalties be incurred, the Center's policy would be to recognize them as operating expenses.

New Accounting Pronouncements Not Yet Adopted

Lease Transactions

In February 2016, the FASB issued ASU 2016-02 *Leases* (Topic 842). Topic 842 is effective for fiscal years beginning after December 15, 2021. In addition to expanded disclosure requirements regarding leasing activities, the new standard significantly changes current lessee accounting for operating leases. Under the new standard all lessees will be required to recognize a right-of-use asset and a lease liability in the consolidated balance sheet for all leases of property and equipment, except for certain leases classified as short-term leases. The Center has not adopted the new standard in these consolidated financial statements and is presently evaluating the effect adoption will have on prospective consolidated financial statements.

Reclassification

The 2018 consolidated financial statements were reclassified to conform to the 2019 presentation. Changes in net assets and total net assets are unchanged due to the reclassification.

3. LIQUIDITY AND AVAILABILITY

As of December 31, 2019 and 2018, financial assets available within one year for general expenditures were as follows:

	2019	2018
Cash and cash equivalents	$ 15,395,046	$ 16,879,742
Investments	7,765,809	6,646,886
Patient accounts receivable, net	25,147,664	23,682,068
Other contract assets	859,855	848,675
Due from Deborah Hospital Foundation	3,911,410	2,550,026
	$ 53,079,784	$ 50,607,397

None of the financial assets listed in the table above are subject to donor or other contractual restrictions that make them unavailable for general expenditures within one year of the consolidated balance sheet date. The patient accounts receivables and due from Deborah Hospital Foundation are expected to be collected within one year.

The Center regularly monitors liquidity to meet its operating needs and other contractual commitments, while also striving to maximize investment of its available funds. The Center has various sources of liquidity at its disposal, including cash and cash equivalents as well as investments and lines of credit and Board designated assets. See Note 9 for information about the lines of credit. See Notes 6 and 16 for information on the Board designated assets.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Center considers all expenditures related to its ongoing activities of providing comprehensive inpatient and outpatient cardiovascular and pulmonary services as well as the expenses necessary to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Center operates with an excess of revenues and gains over expenses and anticipates collecting sufficient revenue to cover general expenditures not covered by resources with donor restrictions.

4. UNCOMPENSATED CARE AND STATE SUBSIDIES

The Center provides price concessions for uncompensated care resulting from its charity care policy for services. The price concession is determined by analyzing patient and historical data and trends. These price concessions are recorded as a reduction to patient service revenue.

The Center provides charity care to patients who meet certain financial criteria established by the State of New Jersey. The direct and indirect cost of services and supplies furnished to patients eligible for such charity care, using a ratio of cost to gross charges, approximated $7,629,000 and $9,222,000 for the years ended December 31, 2019 and 2018, respectively.

The Center maintains records to identify and monitor the level of charity care it provides. In 2019 and 2018, the amount of charges forgone for services provided to patients under its charity care policy, net of the Health Care Subsidy Fund (“HCSF”), was $38,301,862 and $46,444,556, respectively.

The Health Care Reform Act of 1992 (Chapter 160) established the HCSF to provide a mechanism and funding source to compensate certain hospitals for charity care. For the years ended December 31, 2019 and 2018, the Center received $411,703 and $332,020, respectively, for charity care (included in net patient service revenue). This amount is subject to change from year to year based on available state amounts and allocation methodologies. A proportionate amount is in place through June 30, 2020; however, there can be no assurance of a similar level in the future.

The Center's patient acceptance policy is based on its mission statement and its charitable purposes. Accordingly, the Center accepts all patients regardless of their ability to pay. This policy results in the assumption of higher-than-normal patient accounts receivable credit risks. To the extent the Center realizes additional losses resulting from such higher credit risks for patients that are not identified or do not meet the previously described charity criteria, such additional losses are included as a reduction of net patient service revenue.

Additionally, the Center sponsors certain other charitable programs, which provide substantial benefit to the broader community. Such programs include services to needy and elderly populations that require special support, as well as health promotion and education for the general community welfare.

Gross charges forgone for free care in excess of third-party reimbursements (e.g., co-pays and deductibles) were $17,263,808 and $13,334,199 in 2019 and 2018, respectively.

5. NET PATIENT SERVICE REVENUE

Inpatient acute care services for Medicare and Medicaid program beneficiaries and outpatient services for Medicare beneficiaries are paid at prospectively determined rates per discharge or outpatient service. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Professional services for patient care are primarily paid based on a fee-for-services basis. Outpatient services for Medicaid beneficiaries and certain pass-through items related to Medicare beneficiaries are paid based on a cost reimbursement methodology or tentative rate, subject to certain limitations. The Center is reimbursed for these cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Center and audits thereof by the program's fiscal intermediaries. Fiscal intermediaries have not audited the cost reports for the years ended December 31, 2019 and 2018. In the opinion of management, adequate provision has been made for estimated settlements and potential adjustments resulting from audit and final settlements with third-party payors. Differences between the estimated and final settlements are recorded in the year of settlement. Included in the net patient service revenue for the years ended December 31, 2019 and 2018 is $183,618 of net unfavorable adjustments and $2,977,907 of net favorable adjustments, respectively, for third-party payor settlements relating to previous years' estimates or changes in estimates.

Net revenue from the Medicare and Medicaid programs for the years ended December 31, 2019 and 2018 constitutes 56% and 57%, respectively, of the Center's net patient service revenue. Laws and regulations governing the Medicare and Medicaid 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. The Center believes that it is in compliance with all applicable laws and regulations and is not aware of any pending investigations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory actions including fines, penalties, and exclusion from the Medicare and Medicaid programs.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that have been enacted by the federal government, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Center.

The Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. These agreements have retrospective audit clauses, allowing the payor to review and adjust claims subsequent to initial payment. Changes in estimates resulting from such adjustments are recorded when known or can be estimated.

The components of net patient service revenue for the years ended December 31, are as follows:

	2019	2018
Gross charges	$ 1,068,633,323	$ 972,903,700
Contractual adjustments and implicit price concessions	(867,833,058)	(791,597,968)
Change in estimate of prior year's net patient service revenue	(183,618)	2,977,907
Charity care subsidy	411,703	332,020
	$ 201,028,350	$ 184,615,659

Contract assets are related to in-house patients who were provided services during the reporting period but were not discharged as of the reporting date and for which the Center does not have the right to bill.

Patient receivables and other contract asset balances from contracts with customers at December 31, 2019, 2018 and 2017 were as follows:

	2019	2018	2017
Patient receivables, net	$ 25,147,664	$ 23,682,068	$ 18,624,170
Other contract assets	859,855	848,675	1,266,806

6. INVESTMENTS

	2019	2018
Unrestricted investments		
Cash and cash equivalents	$ 102,595	$ 1,029,677
Corporate bonds	844,309	1,309,014
Government securities	214,847	484,383
Equity securities (including mutual funds and exchange traded funds)	6,604,058	3,823,812
	$ 7,765,809	$ 6,646,886

	2019	2018
By Board for designated purposes		
Cash and cash equivalents	$ 334,260	$ 478,699
Corporate bonds	635,346	622,164
Government securities	1,290,744	855,028
Certificates of deposit	540,938	400,693
Equity securities (including mutual funds)	9,448,466	6,889,408
	$ 12,249,754	$ 9,245,992

Insurance fund - held by Deborah Medical Associates		
Cash and cash equivalents	$ 160,219	$ 77,100
Corporate bonds	111,376	90,269
Government securities	900,373	577,015
Equity securities	2,921,115	1,723,135
	$ 4,093,083	$ 2,467,519

Under bond indenture agreement - held by trustee		
Cash and cash equivalents	$ 1,031,287	$ 1,031,923
Less: Amounts required for current liabilities	(1,031,287)	(1,031,923)
	$ -	$ -

Assets limited as to use under bond indenture agreement are maintained for the following purposes		
Debt service principal fund	$ 944,406	$ 919,567
Debt service interest fund	86,881	112,356
	$ 1,031,287	$ 1,031,923

Net investment return for the years ended December 31, 2019 and 2018 amounted to $3,098,246 and $(793,175), respectively, and is included in other revenue, gains and losses on the accompanying consolidated statements of operations and changes in net assets.

7. FAIR VALUE MEASUREMENTS

The Center measures fair value as the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. In determining fair value, the Center uses the market approach, which utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.

The Center uses the fair value hierarchy to determine the fair value based on the following:

Level 1 - Holdings use quoted (unadjusted) prices for identical assets or liabilities in active markets.

Level 2 - Holdings use the following methods: quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in non-active markets (few transactions, limited information, non-current prices, high variability over time), inputs other than quoted prices that are observable for the assets/liabilities (e.g., interest rates, yield curves volatility, default rates, etc.), and inputs that are derived principally from or corroborated by other observable market data.

Level 3 - Holdings use quoted market prices of the Center's beneficial interest in the underlying investments of the perpetual trust.

There have been no changes in valuation techniques for these assets for the years ended December 31, 2019 and 2018.

The following tables present the fair value hierarchy for the Center's financial assets measured at fair value on a recurring basis as of December 31, 2019 and 2018:

2019	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 17,023,407	$ -	$ -	$ 17,023,407
Corporate bonds	-	1,591,031	-	1,591,031
Equity securities (including mutual funds and exchange traded funds)	18,973,639	-	-	18,973,639
Governmental securities	2,405,964	-	-	2,405,964
Certificates of deposit	-	540,938	-	540,938
Beneficial interest in perpetual trust	-	-	1,771,366	1,771,366
	$ 38,403,010	$ 2,131,969	$ 1,771,366	$ 42,306,345

2018	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 19,497,141	$ -	$ -	$ 19,497,141
Corporate bonds	-	2,021,447	-	2,021,447
Equity securities (including mutual funds and exchange traded funds)	12,436,355	-	-	12,436,355
Governmental securities	1,916,426	-	-	1,916,426
Certificates of deposit	-	400,693	-	400,693
Beneficial interest in perpetual trust	-	-	1,564,563	1,564,563
	$ 33,849,922	$ 2,422,140	$ 1,564,563	$ 37,836,625

The following table sets forth the change in the fair value of the beneficial interest in perpetual trust measured using unobservable inputs (Level 3):

At January 1, 2018	$ 2,003,395
Unrealized losses	(438,832)
At December 31, 2018	1,564,563
Unrealized gains	206,803
At December 31, 2019	$ 1,771,366

8. PROPERTY, PLANT AND EQUIPMENT

Depreciation, including amortization on capital leases, on property, plant and equipment was $7,138,172 and $7,063,154 for the years ended December 31, 2019 and 2018, respectively.

	Estimated Life (Years)	2019	2018
Land		$ 100,365	$ 100,365
Buildings and improvements	5-40	48,243,741	46,958,534
Equipment	5-20	55,344,727	50,719,318
		103,688,833	97,778,217
Less: Accumulated depreciation and amortization		(67,545,465)	(61,337,350)
		36,143,368	36,440,867
Construction in progress		676,877	777,895
		$ 36,820,245	$ 37,218,762

The following, classified as equipment, is held under capital leases:

	2019	2018
Equipment	$ 7,369,921	$ 6,821,921
Less: Accumulated amortization	(4,027,435)	(3,090,652)
	$ 3,342,486	$ 3,731,269

9. LONG-TERM DEBT

	2019	2018
Capital lease obligations, secured by related equipment with interest rates ranging from 4.05% to 8.29%	$ 2,245,218	$ 2,532,765
Notes payable	997,756	1,242,268
Series 2014 Refunding Bonds	6,144,000	7,964,000
Taxable term loan - 2016	8,868,932	10,890,666
	18,255,906	22,629,699
Less: Unamortized debt issuance costs - 2014 issue	(131,405)	(170,219)
Unamortized debt issuance costs - 2016 taxable loan	(78,572)	(100,000)
Long-term debt, net of unamortized debt issuance costs	18,045,929	22,359,480
Less: Current maturities	(5,565,471)	(5,209,043)
Long-term debt, less current maturities	$ 12,480,458	$ 17,150,437

Bonds

The Series 2014 bonds were issued on May 13, 2014 in the amount of $16,148,000 through a financing arrangement with the New Jersey Health Care Facilities Financing Authority (the "Authority"). The principal of the bonds mature and/or sinking fund installments become due on July 1 of each year until 2023. The Series 2014 series bonds were restructured in 2016 to reduce the rate of interest. Annual payments of the restructured bond principal and/or sinking fund requirements range from $1,820,000 to $1,963,000. The interest rate on the bonds is 2.81% and is due on January 1 and July 1 of each year. Although the Series 2014 bonds are a liability of the Authority and certain amounts of the proceeds are held by a trustee, for accounting purposes the obligation and trustee funds are treated as those of the Center.

In 2016, the Center also borrowed $14,350,000, using the proceeds to fund the Center's pension plan with the intent to terminate the plan. The principal of this loan becomes due on July 1 of each year until 2023. Annual payments of the principal requirements range from $2,096,262 to $2,340,742. The interest rate on this loan is 3.68% and is due on January 1 and July 1 of each year.

The aggregate cost basis of the debt issuance costs was $470,969 at December 31, 2019 and 2018, respectively. Accumulated amortization was $260,992 and $200,750 at December 31, 2019 and 2018, respectively. Amortization expense on the deferred financing cost was $60,242 and $60,243 for the years ended December 31, 2019 and 2018, respectively. Amortization expense for the next four years is expected to be $60,243 per year in 2020 through 2022 and $29,248 in 2023.

All property, plant and equipment, gross receipts of the Center, and a parcel of land owned by the Foundation as to which the Center has entered into a rent-free ground lease with the Foundation are pledged to secure payment of interest and principal on the Series 2014 bonds. The Center has covenants to maintain a minimum annual debt service coverage ratio, a minimum cushion ratio and maintain a minimum number of days cash on hand. In addition, the Center and the Foundation have entered into a Subsidy Agreement whereby the Foundation has guaranteed the interest and principal payments of the Center for the Series 2014 bonds. The Subsidy Agreement requires that the Center and Foundation maintain a certain combined financial ratio of cash and investments to the previous 3 years' average subsidy paid by the Foundation to the Center. Failure to meet the annual debt service coverage ratio, the cushion ratio, number of days cash on hand or the combined financial ratio could require the Center and Foundation to engage and follow the recommendations of a consultant, post collateral with the trustee, or if unremediated for longer than *2* years could cause the holders of the bonds to demand immediate repayment. The Center and Foundation have complied with this and all other financial covenants related to the Series 2014 bonds at December 31, 2019.

Notes Payable

During 2018, the Center entered into an agreement with a vendor for the purchase of medical equipment with a cost of approximately $2,000,000. In 2018, when the balance due to this vendor was $1,450,949, the Center entered into an agreement to pay the vendor 35 monthly, interest-free payments of $41,456. The outstanding balances on this loan at December 31, 2019 and 2018 are $731,636, and $1,242,268, respectively.

During 2019, the Centered entered into a loan agreement with a vendor for the purchase of medical equipment with a cost of approximately $456,000. The outstanding balance on this loan at December 31, 2019 is $266,120.

Future Principal/Sinking Fund Payments

Maturities and principal/sinking fund payments on long-term debt for the next five years and thereafter are as follows:

	Series 2014 Refunding Bonds	2016 Taxable Loan	Notes Payable	Capital Lease Obligations	Total
2020	$ 1,867,000	$ 2,096,262	$ 684,304	$ 973,069	$ 5,620,635
2021	1,914,000	2,175,380	313,452	973,069	5,375,901
2022	1,963,000	2,256,547	-	230,720	4,450,267
2023	400,000	2,340,743	-	131,353	2,872,096
2024	-	-	-	131,353	131,353
Thereafter	-	-	-	-	-
	6,144,000	8,868,932	997,756	2,439,564	18,450,252
Less: Amount representing interest under capital lease obligations	-	-	-	194,346	194,346
	$ 6,144,000	$ 8,868,932	$ 997,756	$ 2,245,218	$ 18,255,906

Lines of Credit

The Foundation has a line of credit in the amount of $6,377,711 and $6,137,516 at December 31, 2019 and 2018, respectively, at an interest rate of LIBOR plus 2.25%, at December 31, 2019 and 2018, which includes two letters of credit totaling $875,000 at December 31, 2019 and 2018, which expire on July 23, 2020, that are collateral for potential claims under the Center's workers' compensation insurance policy (see Note 12). The maximum amount that can be borrowed against the line of credit was $5,502,711 and $5,262,516 at December 31, 2019 and 2018, respectively. Although this line of credit is in the Foundation's name, and collateralized by Foundation assets, the liability, if any, and related interest expense are recorded on the Center's consolidated financial statements. At December 31, 2019 and 2018, no amounts were outstanding on this line of credit.

The Center has available another line of credit for $1,000,000 which is due on demand, with an interest rate of 1.55%, and requires the Center to maintain with the bank a Certificate of Deposit of $1,000,000, which is included in cash and cash equivalents. This line of credit had $1,000,000 outstanding at December 31, 2019 and 2018.

10. RELATED ORGANIZATION

Contributions by the Foundation to the Center for operations amounted to $4,000,000 and $4,500,000 in 2019 and 2018, respectively, which are included in nonoperating revenue. Additionally, the Foundation raised on the behalf of the Center $2,779,086 and $2,664,236 for the years ended December 31, 2019 and 2018, respectively. The Center has included these amounts in other revenue, gains and losses. Funding by the Foundation to the Center for the Children of the World and other specific purpose programs amounted to $196,947 and $195,705 in 2019 **and 2018**, respectively, and is included in other revenue, gains and losses in the consolidated statements of operations and changes in net assets. Any future contributions from the Foundation to the Center are at the discretion of the Foundation's Board of Directors. At December 31, 2019 and 2018, the Center had a receivable due from the Foundation in the amount of $3,911,410 and $2,550,026, respectively.

A summary of the Foundation's assets, liabilities and net assets, results of operations, and changes in net assets is as follows:

	2019	2018
Assets	$ 32,314,300	$ 24,483,245
Liabilities	$ 6,359,956	$ 5,063,978
Net assets		
Without donor restrictions	11,307,616	12,037,973
With donor restrictions	14,646,728	7,381,294
Total net assets	25,954,344	19,419,267
Total liabilities and net assets	$ 32,314,300	$ 24,483,245
Total revenue	$ 18,048,160	$ 5,161,931
Less expenses		
Program services	4,196,947	4,696,705
Management, administrative and general	81,307	86,261
Fundraising	7,234,829	2,312,655
Total expenses	11,513,083	7,095,621
Changes in net assets before transfer	6,535,077	(1,933,690)
Transfer to Deborah Heart and Lung Center	-	1,292,510
Changes in net assets	6,535,077	(3,226,200)
Net assets		
Beginning of year	19,419,267	22,645,467
End of year	$ 25,954,344	$ 19,419,267

11. RETIREMENT BENEFIT PLANS

Defined Benefit Pension Plan

The Center has a noncontributory defined benefit pension plan (the “Plan”) which covered all full-time employees of the Center and the Foundation who met prescribed eligibility requirements. The Center froze the Plan as of December 31, 2005 for all employees and replaced it with a defined contribution plan as of January 1, 2006. The Plan uses a December 31 measurement date.

There were no amounts charged to the Foundation for pension expense related to the Plan during 2019 and 2018.

The following table sets forth the changes in benefit obligation, changes in Plan assets and components of net periodic benefit cost for the pension plan:

	2019	2018
Change in benefit obligation		
Benefit obligation at beginning of year	$ 55,340,371	$ 63,916,878
Interest cost	2,351,389	2,246,883
Actuarial (gain) loss	9,604,989	(3,709,403)
Benefits and expenses paid	(4,971,883)	(7,113,987)
Benefit obligation at end of year	62,324,866	55,340,371
Change in plan assets		
Fair value of the Plan assets at beginning of year	51,758,845	62,252,872
Actual return on Plan assets	10,143,635	(3,380,040)
Benefits and expenses paid	(4,971,883)	(7,113,987)
Contributions by the Plan's sponsor	-	-
Fair value of the Plan assets at end of year	56,930,597	51,758,845
Funded status at end of year - recognized in consolidated balance sheets as accrued retirement benefits	$ (5,394,269)	$ (3,581,526)
Accumulated benefit obligation	$ 62,324,866	$ 55,340,371
Amounts recognized in accumulated net assets without donor restrictions		
Net actuarial loss	$ 20,911,151	$ 21,894,436
Components of net periodic benefit cost		
Net periodic benefit cost		
Interest cost	$ 2,351,389	$ 2,246,883
Expected return on Plan assets	(3,099,736)	(3,203,908)
Amortization of net loss	1,994,144	2,040,410
Lump sum distribution settlements	1,550,231	2,125,320
	2,796,028	3,208,705
Other changes in benefit obligations recognized in other changes in net assets without donor restrictions		
Net actuarial loss	2,561,090	2,874,545
Amortization of net gain	(1,994,144)	(2,040,410)
	566,946	834,135
Total recognized in net benefit cost and without donor restrictions	$ 3,362,974	$ 4,042,840

The estimated net actuarial loss that will be amortized from other changes in net assets without donor restrictions into net periodic benefit cost over the next fiscal year is $1,750,690.

	2019	2018
Assumptions		
Weighted average assumptions used to determine pension obligation		
Discount rate	4.58%	3.75%
Rate of compensation increase	N/A	N/A
Weighted average assumptions used to determine net periodic benefit cost for the year ended		
Discount rate	4.58%	3.75%
Rate of compensation increase	N/A	N/A
Expected return on the Plan assets	5.50%	5.50%

Plan Assets

The Plan's asset allocations by asset category are as follows:

	Target Asset Allocation 2019	Target Asset Allocation 2018	December 31, 2019	December 31, 2018
Asset category				
Cash	0%	0%	2%	1%
Equity securities	65	35	61	56
Fixed income	35	65	37	43
	100%	100%	100%	100%

The expected long-term rate of return for the Plan's total assets is based on the expected return of each of the above categories, weighted based on the target allocation for each class. Equity securities are expected to return 9% to 10% over the long-term, while fixed income is expected to return between 5% and 6%.

The investment policy, as established by the Investment Committee, is to provide for growth of capital with a moderate level of volatility by investing assets per the target allocations stated above. The asset allocation and the investment policy are reviewed periodically to determine if the policy should be changed.

Fair Value of the Plan Assets

The following fair value hierarchy table presents information about each major category of the Plan's financial assets measured at fair value, using the market approach, on a recurring basis:

2019	Level 1	Level 2	Total
Cash and cash equivalents	$ 849,863	$ -	$ 849,863
Fixed income (a)	3,697,241	17,629,536	21,326,777
Equity securities (b)	34,753,957	-	34,753,957
	$ 39,301,061	$ 17,629,536	$ 56,930,597

2018	**Level 1**	**Level 2**	**Total**
Cash and cash equivalents	$ 663,669	$ -	$ 663,669
Fixed income (a)	5,090,586	24,069,864	29,160,450
Equity securities (b)	21,934,726	-	21,934,726
	$ 27,688,981	$ 24,069,864	$ 51,758,845

(a) Comprised of investment grade bonds of issuers from various industries which is presented as Level 2 and U.S. government issues which is presented as Level 1.
(b) Comprised of mutual funds investing in at least 90% of assets in common stock of companies with large market capitalizations similar to companies in the Standard & Poor's ("S&P") 500 Index.

Cash Flows
Contributions
There are no contributions expected to be paid into the Plan in 2020 for plan year 2019.

Estimated future benefit payment:

2020	$ 3,943,733
2021	3,995,753
2022	4,928,743
2023	4,649,780
2024	4,371,191
2025-2028	26,461,421

Defined Contribution Plans
The Center sponsors a 401(k) savings plan covering all employees. Employer contributions to the 401(k) savings plan are based on a formula as defined by the 401(k) plan document. Expense related to the 401(k) savings plan was $2,884,312 and $2,648,230 for the years ended December 31, 2019 and 2018, respectively.

For reasons relating primarily to proposed changes by the IRS to certain non-qualified plans, the Center Board resolved, effective January 1, 2017, to freeze the 457(e) Severance Savings Plan ("SSP"), as amended and restated. No Voluntary Deferrals were permitted under the terms of the SSP after December 31, 2017, and the SSP was frozen as of that date. The accounts of all Participants in the SSP are preserved and will be administered until such time as Participants or their Beneficiaries become entitled to distribution, all in accordance with the terms of the Plan.

A frozen Supplemental Executive Retirement Plan ("SERP") is also being administered until such time as Participants or their Beneficiaries become entitled to distribution, in accordance with the terms of that Plan.

The total deposits in these frozen plans at December 31, 2019 and 2018 were $1,153,745 and $1,463,630, respectively. The plans are recorded in accrued retirement benefits in the consolidated balance sheets. As of December 31, 2019 and 2018, the frozen SSP balance was $1,153,470 and $945,366, respectively. As of December 31, 2019 and 2018, $275 and $518,264, respectively, of the balances above were held in the frozen SERP plan.

In 2017, the Center Board created a new non-qualified plan, a 457(f) Deborah-Funded Top Hat Plan. The Center may, at its sole discretion, deposit funds into this plan. This plan had a balance of $777,001 and $478,326, respectively, at December 31, 2019 and 2018.

Effective January 1, 2018, the Center Board created another new non-qualified plan, a 457(b) Employee-Funded Savings Plan. A designated group of management and physicians are eligible to participate in this 457(b) plan. This plan had a balance of $344,589 and $126,646, respectively, at December 31, 2019 and 2018.

The assets of these plans remain assets of the Center. The participants bear the risk of forfeiting their balances in these plans under certain, defined circumstances.

12. COMMITMENTS AND CONTINGENCIES

Professional and General Liability Insurance

The Center addresses its risk of professional and general liability loss by means of aggressive and consistent risk management initiatives, and funds its expected losses through Deborah Medical Associates Insurance Company ("DMAIC"), a wholly-owned captive insurance company domiciled in New Jersey. Since its inception on January 1, 2016, DMAIC issued occurrence basis professional liability and general liability insurance policies covering the Hospital, its employees and allieds who are on the medical staff of the Center and who meet specific underwriting criteria.

The Center purchases excess liability coverage in excess of DMAIC coverage for claims in excess of $2,000,000 on an individual claim basis and a maximum limit of $6,000,000 annual aggregate. The Center's excess coverage level is $20,000,000 for any claims breaching the initial limits. Since the inception of the self-insured program in 1988, the Center has maintained various levels of excess insurance coverage. At December 31, 2019 and 2018, no claims have reached excess insurance levels.

As of October 1, 2016, DCG insured its professional liability coverage through DMAIC with limits of $1,000,000 each medical incident for each insured physician, insured allied, or insured medical organization; $3,000,000 aggregate limit for healthcare professional liability for each insured physician, insured allied, or insured medical organization.

Total policy limits for healthcare professional liability for all insureds combined: $2,000,000 each claim for all insureds combined; $6,000,000 aggregate limit for all insureds combined. The total policy aggregate and total policy each claim limits are shared by all policies written by DMAIC regardless of the number of insureds, claims or claimants involved.

Malpractice Litigation

The Center is a defendant in civil actions for alleged medical malpractice and general liability claims. These actions are being defended by the Center and its medical malpractice insurance carrier. In the opinion of management, the Center's liability in these actions will be within the limits of DMAIC's medical malpractice and comprehensive general liability coverage; and within the limits of the insured excess coverage; however, there can be no assurance in this regard.

Workers' Compensation

The Center maintains statutory workers' compensation coverage with an insurance company, subject to a deductible of bodily injury by accident $275,000 each occurrence; bodily injury by disease $275,000 each employee; all covered bodily injury $1,400,000 aggregate. The Workers' Compensation policy also includes Employers Liability Insurance with limits of: bodily injury by accident: $1,000,000 each accident; bodily injury by disease: $1,000,000 policy limit; and bodily injury by disease: $1,000,000 each employee; for 2019 and 2018. The aggregate deductible amount is a minimum deductible amount that is subject to adjustment based on a rate of 1.729 per each $100 that the audited workers' compensation remuneration exceeds the estimated payroll at inception. Due to this level of retention, the Center is required to post collateral, which is in the form of letters of credit (see Note 9) for outstanding open years. Based upon historical loss experience, the Center recorded a liability for the estimated retention and costs of claims not reported of $360,472 and $349,910 at December 31, 2019 and 2018, respectively. The liability is recorded as a component of accrued compensation and employee benefits.

DCG maintains a separate Guaranteed Cost Workers Compensation policy with an insurance company with statutory limits for workers' compensation coverage; and, with Employers Liability limits of $1,000,000 each accident Bodily Injury by Accident; $1,000,000 policy limit Bodily Injury by Disease; $1,000,000 each employee Bodily Injury by Disease.

Operating Leases

The Center leases various equipment and facilities under operating leases expiring at various dates through 2028. Total rent expense for the years ended December 31, 2019 and 2018 was $1,852,223 and $1,361,757, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2019 that have initial or remaining lease terms in excess of one year:

2020	$ 1,174,651
2021	987,084
2022	924,447
2023	934,227
2024	789,394
Thereafter	2,290,921
	$ 7,100,724

Leased Property

On February 12, 2009, the Center and Our Lady of Lourdes Healthcare Services, Inc. ("OLLHS") signed a lease agreement for the Satellite Emergency Department ("SED"), in which the Center has leased designated space on the first floor of the Center's campus for OLLHS to operate the SED, while the Center has agreed to provide certain ancillary services to patients of the SED including various clinical (laboratory, radiology, respiratory and pharmacy), non-clinical (housekeeping and security), and on-demand (facilities maintenance, IT and bio-medical engineering) services. Effective June 30, 2019, this lease agreement was terminated. For the years ended December 31, 2019 and 2018, OLLHS paid the Center $1,099,021 and $2,207,389, respectively, for ancillary services, which is included in other revenue, gains and losses.

The SED began operations on March 1, 2010, with minimum lease payments of $13,200 per month ($158,400 annually). The initial lease term was ten years, with three five-year renewal periods at the option of OLLHS. As part of the agreement, in exchange for OLLHS covering the initial costs of improvements, the Center agreed to waive the minimum lease payments for the initial term of the lease (the "Lease Incentive"). The Center recorded the Lease Incentive, included in other assets, and unrecognized lease income, included in other liabilities, for the initial term of the lease. The costs of the improvements, the Lease Incentive and the unrecognized lease income were amortized on a straight-line basis over the initial ten-year lease term. Net income for the years ended December 31, 2019 and 2018 related to the SED lease was $60,715 and $322,293, respectively, and is included in other revenue, gains and losses.

In July 2019, the Center and Capital Health System, Inc. ("Capital Health") signed a lease agreement for the SED, in which the Center has leased designated space on the first floor of the Center's campus for Capital Health to operate the SED, while the Center has agreed to provide certain ancillary services to patients of the SED including various clinical (laboratory, radiology, respiratory and pharmacy), non-clinical (housekeeping and security), and on-demand (facilities maintenance, IT and bio-medical engineering) services. The lease expires on June 30, 2024. The monthly rental payments of $19,185 ($230,225 annually). In addition, the monthly rental charge, Capital Health is required to reimburse the Center for the ancillary charges. For the year ended December 31, 2019, Capital Health paid the Center $1,180,558.

On June 1, 2016, the Center ("Lessor") signed a Ground Lease with Browns Mills Medical Office Building, LLC ("Lessee"), in which the Center has leased a portion of its land to the Lessee to develop and construct a medical office building containing approximately 60,000 gross square feet. The Lessee has agreed to pay the Center fair market annual rent of $32,500. The initial lease term is fifty years with two renewal terms of ten years each at the option of the Lessee. The obligation on the part of the Lessee to pay rent commenced on January 11, 2017.

On September 8, 2016, the Center, as Lessee, signed a lease with Browns Mills Medical Office Building, LLC, as Lessor, in which the Center will lease space from the Lessor. Lease payments for the medical office building are $38.57 per square foot with operating expenses of $11.80 per square foot. The total space to be leased by the Center is 14,328 square feet. The initial term of this lease is fifteen years. The commencement date for the first of the leased suites was in August 2018, and the commencement dates for the second and third suites was December 2018 and March 2019, respectively.

Professional Services Agreements

The Center entered into a series of Professional Services Agreements with certain physician practices whereby payments are made by the Center to the practices for physician productivity using third-party fair market value data. In exchange, payments on amounts billed and collected from patients are remitted to the Center. The Center and the practices also entered into Staff Services Agreements and Practice Space and Expenses Agreements whereby the Center pays for the expenses associated with operating the practices. Total expenses related to these agreements were $1,597,044 and $1,764,258 for the years ended 2019 and 2018, respectively. The aggregate amounts budgeted for these practices in 2020 total approximately $1,736,000.

13. CONCENTRATIONS OF CREDIT RISK

The Center grants credit without collateral to its patients who are insured under third-party payor agreements. The mix of accounts receivable from third-party payors was as follows:

Medicare	51 %	53 %
Managed care	28	33
Commercial insurance	7	5
Blue Cross	7	5
Medicaid	7	4
	100 %	100 %

The Center maintains cash and equivalents in a financial institution which exceed Federal Depository Insurance Corporation limits. Management believes the credit risk related to these deposits is minimal.

The Center routinely invests its surplus cash in money market mutual funds. The money market funds are generally invested in U.S. Government and agency obligations. These investments are not insured or guaranteed by the U.S. Government; however, insurance is maintained by investment brokers, and management believes the credit risk related to these investments is minimal.

14. FUNCTIONAL EXPENSES

The Center's primary program service is to provide comprehensive inpatient and outpatient cardiac, vascular, and pulmonary health care services. The consolidated financial statements report certain expense categories that are attributable to both program services and management, administrative and general functions. Therefore, the natural expenses require allocation on a reasonable basis, that is consistently applied, across functional expense categories. Certain expenses are wholly allocated to either program or management, administrative and general because they directly support those functions. There are certain other categories of expenses that are attributable to more than one function, so they are allocated accordingly. Those expenses include benefits, insurance, depreciation and interest. Those expenses are allocated based on a percentage of program salaries and management, administrative and general salaries to total salaries.

Expenses by functional classification for the years ended December 31, 2019 and 2018 consists of the following:

2019	Program Services	Management, Administrative and General	Total Expenses
Salary and wages	$ 72,715,723	$ 16,716,021	$ 89,431,744
Employee benefits	15,501,608	3,588,446	19,090,054
Supplies and other expenses	71,131,818	22,988,804	94,120,622
Interest	645,257	154,861	800,118
Depreciation and amortization	5,797,411	1,340,761	7,138,172
	$ 165,791,817	$ 44,788,893	$ 210,580,710

2018	Program Services	Management, Administrative and General	Total Expenses
Salary and wages	$ 69,462,425	$ 15,922,118	$ 85,384,543
Employee benefits	14,355,514	3,324,353	17,679,867
Supplies and other expenses	61,044,111	19,659,474	80,703,585
Interest	793,259	188,706	981,965
Depreciation and amortization	5,727,819	1,335,335	7,063,154
	$ 151,383,128	$ 40,429,986	$ 191,813,114

15. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods:

	2019	2018
Subject to expenditure for specified purpose		
Health care services	$ 79,263	$ 49,883
Purchase of property, plant and equipment	388,309	543,668
	467,572	593,551
Subject to passage of time		
Beneficial interest in perpetual trust	1,771,366	1,564,563
Beneficial interest in restricted net assets with donor restrictions of Deborah Hospital Foundation	13,715,242	6,529,006
	15,486,608	8,093,569
	$ 15,954,180	$ 8,687,120

During 2019 and 2018, net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose of health care services and purchase of property, plant, and equipment in the amount of $1,598,296 and $1,122,033, respectively.

16. BOARD DESIGNATED NET ASSETS

The Board designated net assets are restricted for future operations. These funds are in a separate brokerage account, and funds can only be withdrawn from that account after management has obtained approval from the Board of Trustees.

Board designated net assets consist of the following at December 31:

	2019	2018
For future operations	$ 9,972,166	$ 7,174,540
Apartment security deposits	2,253	2,850
Severance savings plan	1,153,470	945,366
Supplemental retirement plan	275	518,264
457(f) deferred compensation plan	777,001	478,326
457(b) deferred compensation plan	344,589	126,646
	$ 12,249,754	$ 9,245,992

17. NET ASSETS WITHOUT DONOR RESTRICTIONS

Included in net assets without donor restrictions are unrealized (losses) gains from DMAIC's investments in the amount of $9,326 and ($41,414) at December 31, 2019 and 2018, respectively.

18. TRANSFER FROM DEBORAH HOSPITAL FOUNDATION

In accordance with a lease agreement between the Foundation and the Center, effective December 31, 2018, the Foundation transferred the title to the Cymrot building to the Center. The Foundation's net book value of the building was $1,292,510 on the date of transfer.

19. SUBSEQUENT EVENTS

The Center evaluated its December 31, 2019 consolidated financial statements for subsequent events through June 17, 2020, the date the consolidated financial statements were available to be issued. Based on this evaluation, the Center has determined that the following subsequent event has occurred that requires disclosure in the consolidated financial statements.

The spread of COVID-19 and the ensuing response of federal, state and local authorities beginning in March 2020 resulted in a material reduction in the Center's patient volume and operating revenue that is ongoing. Patient presentation at all hospitals in the state, including the Center, is down over 50% attributable to a fear of contracting COVID-19, coupled with New Jersey Governor Phil Murphy's Executive Orders mandating residents shelter-at-home, banning travel and suspending so-called "elective" surgeries. The impact of COVID-19, including dramatic and increasing unemployment rates and reduced consumer confidence in spending, has skewed revenue mix and further reduced patient volume.

Moreover, the Center in March and April 2020 experienced some supply chain disruptions, including shortages, delays and significant price increases in medical supplies, particularly personal protective equipment.

While patients are expected to return for medical care at pre-COVID levels in the near future, management has taken, and continues to take, various actions to increase liquidity and mitigate the impact of the reduction in operating revenues currently being experienced. Management believes these actions, together with government relief packages to the extent available, will help the Center to continue to operate during these uncertain times.

SUPPLEMENTARY INFORMATION

Deborah Heart and Lung Center
Consolidating Balance Sheet
December 31, 2019

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	Eliminations	Consolidated Deborah Heart and Lung Center
Assets							
Current assets							
Cash and cash equivalents	$ 14,305,934	$ 226,442	$ 733,219	$ 129,451	$ -	$ -	$ 15,395,046
Assets limited as to use	1,031,287	-	-	-	-	-	1,031,287
Investments	7,765,809	-	-	-	-	-	7,765,809
Patient accounts receivable, net	25,057,999	89,665	-	-	-	-	25,147,664
Other contract assets	859,855	-	-	-	-	-	859,855
Due from Deborah Hospital Foundation	3,911,410	-	-	-	-	-	3,911,410
Supplies	5,254,302	-	-	-	-	-	5,254,302
Prepaid expenses and other current assets	6,529,487	97,053	963,057	179,720	-	(4,607,626)	3,161,691
Total current assets	64,716,083	413,160	1,696,276	309,171	-	(4,607,626)	62,527,064
Assets limited as to use							
By Board for designated purposes	12,249,754	-	-	-	-	-	12,249,754
Insurance claims - held by Deborah Medical Associates	-	-	4,093,083	-	-	-	4,093,083
	12,249,754	-	4,093,083	-	-	-	16,342,837
Property, plant and equipment, net	35,896,357	923,888	-	-	-	-	36,820,245
Other assets	3,589,711	212,403	-	-	280,800	(3,450,664)	632,250
Beneficial interest in perpetual trust	1,771,366	-	-	-	-	-	1,771,366
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	13,715,242	-	-	-	-	-	13,715,242
Total assets	$ 131,938,513	$ 1,549,451	$ 5,789,359	$ 309,171	$ 280,800	$ (8,058,290)	$ 131,809,004
Liabilities and Net Assets (Deficiency)							
Current liabilities							
Accounts payable and accrued expenses	$ 26,231,653	$ 170,200	$ 140,944	$ -	$ -	$ 54,135	$ 26,596,932
Accrued compensation and employee benefits	12,702,187	231,497	-	-	-	-	12,933,684
Estimated settlements due to third-party payors, net	1,651,133	-	-	-	-	-	1,651,133
Accrued interest payable	253,137	-	-	-	-	-	253,137
Current maturities of long-term debt	5,565,471	-	-	-	-	-	5,565,471
Due to Center and related entities	-	4,652,381	156,189	434,571	-	(5,243,141)	-
Line of credit	1,000,000	-	-	-	-	-	1,000,000
Total current liabilities	47,403,581	5,054,078	297,133	434,571	-	(5,189,006)	48,000,357
Accrued retirement benefits	7,669,604	-	-	-	-	-	7,669,604
Estimated malpractice claims liability	2,607,461	212,403	2,819,863	-	-	(2,819,864)	2,819,863
Other liabilities	-	-	993,516	-	-	(993,516)	-
Long-term debt, less current maturities, net	12,480,458	-	-	-	-	-	12,480,458
Total liabilities	70,161,104	5,266,481	4,110,512	434,571	-	(9,002,386)	70,970,282
Net assets (deficiency)							
Without donor restrictions	45,823,229	(3,717,030)	1,678,847	(125,400)	280,800	944,096	44,884,542
With donor restrictions	15,954,180	-	-	-	-	-	15,954,180
Total net assets (deficiency)	61,777,409	(3,717,030)	1,678,847	(125,400)	280,800	944,096	60,838,722
Total liabilities and net assets (deficiency)	$ 131,938,513	$ 1,549,451	$ 5,789,359	$ 309,171	$ 280,800	$ (8,058,290)	$ 131,809,004

See Independent Auditor’s Report.

Deborah Heart and Lung Center
Consolidating Balance Sheet
December 31, 2018

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	Eliminations	Consolidated Deborah Heart and Lung Center
Assets							
Current assets							
Cash and cash equivalents	$ 15,186,519	$ 99,459	$ 1,515,728	$ 78,036	$ -	$ -	$ 16,879,742
Assets limited as to use	1,031,923	-	-	-	-	-	1,031,923
Investments	6,646,886	-	-	-	-	-	6,646,886
Patient accounts receivable, net	23,531,764	150,304	-	-	-	-	23,682,068
Other contract assets	848,675	-	-	-	-	-	848,675
Due from Deborah Hospital Foundation	2,550,026	-	-	-	-	-	2,550,026
Due from Deborah Heart and Lung Center	-	-	69	-	-	(69)	-
Supplies	4,899,006	-	-	-	-	-	4,899,006
Prepaid expenses and other current assets	5,537,184	26,661	797,192	156,625	-	(3,753,772)	2,763,890
Total current assets	60,231,983	276,424	2,312,989	234,661	-	(3,753,841)	59,302,216
Assets limited as to use							
By Board for designated purposes	9,245,992	-	-	-	-	-	9,245,992
Insurance claims - held by Deborah Medical Associates	-	-	2,467,519	-	-	-	2,467,519
	9,245,992	-	2,467,519	-	-	-	11,713,511
Property, plant and equipment, net	36,262,966	955,796	-	-	-	-	37,218,762
Other assets	3,718,867	245,170	-	-	280,800	(3,586,187)	658,650
Beneficial interest in perpetual trust	1,564,563	-	-	-	-	-	1,564,563
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	6,529,006	-	-	-	-	-	6,529,006
Total assets	$ 117,553,377	$ 1,477,390	$ 4,780,508	$ 234,661	$ 280,800	$ (7,340,028)	$ 116,986,708
Liabilities and Net Assets (Deficiency)							
Current liabilities							
Accounts payable and accrued expenses	$ 21,565,780	$ 117,550	$ 83,950	$ -	$ -	$ (2,213)	$ 21,765,067
Accrued compensation and employee benefits	11,885,539	166,422	-	-	-	-	12,051,961
Estimated settlements due to third-party payors, net	1,319,210	-	-	-	-	-	1,319,210
Accrued interest payable	316,735	-	-	-	-	-	316,735
Current maturities of long-term debt	5,200,043	9,000	-	-	-	-	5,209,043
Due to Center and related entities	-	4,000,196	181,491	364,231	-	(4,545,918)	-
Line of credit	1,000,000	-	-	-	-	-	1,000,000
Total current liabilities	41,287,307	4,293,168	265,441	364,231	-	(4,548,131)	41,662,016
Accrued retirement benefits	5,650,128	-	-	-	-	-	5,650,128
Estimated malpractice claims liability	2,710,217	245,170	2,955,387	-	-	(2,955,387)	2,955,387
Other liabilities	80,115	-	787,606	-	-	(780,606)	87,115
Long-term debt, less current maturities, net	17,150,437	-	-	-	-	-	17,150,437
Total liabilities	66,878,204	4,538,338	4,008,434	364,231	-	(8,284,124)	67,505,083
Net assets (deficiency)							
Without donor restrictions	41,988,053	(3,060,948)	772,074	(129,570)	280,800	944,096	40,794,505
With donor restrictions	8,687,120	-	-	-	-	-	8,687,120
Total net assets (deficiency)	50,675,173	(3,060,948)	772,074	(129,570)	280,800	944,096	49,481,625
Total liabilities and net assets (deficiency)	$ 117,553,377	$ 1,477,390	$ 4,780,508	$ 234,661	$ 280,800	$ (7,340,028)	$ 116,986,708

See Independent Auditor's Report.

Deborah Heart and Lung Center
Consolidating Statement of Operations and Changes in Net Assets
Year Ended December 31, 2019

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	Eliminations	Consolidated Deborah Heart and Lung Center
Net assets without donor restrictions							
Revenue							
Net patient service revenue	$ 198,523,219	$ 2,505,131	$ -	$ -	$ -	$ -	$ 201,028,350
Other revenue, gains and losses	9,332,077	3,000,422	1,777,874	75,180	-	(4,328,709)	9,856,844
Net assets released from restriction	1,118,000	-	-	-	-	-	1,118,000
Total revenue	208,973,296	5,505,553	1,777,874	75,180	-	(4,328,709)	212,003,194
Expenses							
Salary and wages	86,023,127	3,340,202	-	-	-	68,415	89,431,744
Employee benefits	18,622,029	468,025	-	-	-	-	19,090,054
Supplies and other expenses	95,433,095	2,142,540	871,101	71,010	-	(4,397,124)	94,120,622
Interest	800,118	-	-	-	-	-	800,118
Depreciation and amortization	6,927,304	210,868	-	-	-	-	7,138,172
Total expenses	207,805,673	6,161,635	871,101	71,010	-	(4,328,709)	210,580,710
Income (loss) from operations	1,167,623	(656,082)	906,773	4,170	-	-	1,422,484
Nonoperating revenue							
Contributions from Deborah Hospital Foundation	4,000,000	-	-	-	-	-	4,000,000
Excess (deficiency) of revenue over expenses	5,167,623	(656,082)	906,773	4,170	-	-	5,422,484
Other changes in net assets without donor restrictions							
Net assets released from restriction for property, plant and equipment	480,296	-	-	-	-	-	480,296
Other components of net periodic pension costs	(2,796,028)	-	-	-	-	-	(2,796,028)
Pension-related changes other than net periodic pension costs	983,285	-	-	-	-	-	983,285
Change in net assets without donor restrictions	3,835,176	(656,082)	906,773	4,170	-	-	4,090,037
Net assets with donor restrictions							
Contributions	1,472,317	-	-	-	-	-	1,472,317
Net assets released from restriction	(1,598,296)	-	-	-	-	-	(1,598,296)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	7,186,236	-	-	-	-	-	7,186,236
Changes in fair value of beneficial interest in perpetual trust	206,803	-	-	-	-	-	206,803
Changes in net assets with donor restrictions	7,267,060	-	-	-	-	-	7,267,060
Changes in net assets	11,102,236	(656,082)	906,773	4,170	-	-	11,357,097
Net assets (deficiency)							
Beginning of year	50,675,173	(3,060,948)	772,074	(129,570)	280,800	944,096	49,481,625
End of year	$ 61,777,409	$ (3,717,030)	$ 1,678,847	$ (125,400)	$ 280,800	$ 944,096	$ 60,838,722

See Independent Auditor's Report.

Deborah Heart and Lung Center
Consolidating Statement of Operations and Changes in Net Assets
Year Ended December 31, 2018

	Deborah Heart and Lung Center	Deborah Cardiovascular Group	Deborah Medical Associates Ins Co.	Advanced Medical Management Services	Deborah Medical Investments	Eliminations	Consolidated Deborah Heart and Lung Center
Net assets without donor restrictions							
Revenue							
Net patient service revenue	$ 182,197,454	$ 2,418,205	$ -	$ -	$ -	$ -	$ 184,615,659
Other revenue, gains and losses	5,792,824	1,183,412	803,089	75,180	-	(2,345,268)	5,509,237
Net assets released from restriction	646,198	-	-	-	-	-	646,198
Total revenue	188,636,476	3,601,617	803,089	75,180	-	(2,345,268)	190,771,094
Expenses							
Salary and wages	82,494,610	2,820,942	-	-	-	68,991	85,384,543
Employee benefits	17,360,176	319,691	-	-	-	-	17,679,867
Supplies and other expenses	80,416,348	1,845,711	784,794	70,991	-	(2,414,259)	80,703,585
Interest	981,965	-	-	-	-	-	981,965
Depreciation and amortization	6,940,915	122,239	-	-	-	-	7,063,154
Total expenses	188,194,014	5,108,583	784,794	70,991	-	(2,345,268)	191,813,114
Income (loss) from operations	442,462	(1,506,966)	18,295	4,189	-	-	(1,042,020)
Nonoperating revenue							
Contributions from Deborah Hospital Foundation	4,500,000	-	-	-	-	-	4,500,000
Excess (deficiency) of revenue over expenses	4,942,462	(1,506,966)	18,295	4,189	-	-	3,457,980
Other changes in net assets without donor restrictions							
Net assets released from restriction for property, plant and equipment	475,835	-	-	-	-	-	475,835
Other components of net periodic pension costs	(3,208,705)	-	-	-	-	-	(3,208,705)
Pension-related changes other than net periodic pension costs	1,290,806	-	-	-	-	-	1,290,806
Change in net assets without donor restrictions	3,500,398	(1,506,966)	18,295	4,189	-	-	2,015,916
Net assets with donor restrictions							
Contributions	1,153,782	-	-	-	-	-	1,153,782
Net assets released from restriction	(1,122,033)	-	-	-	-	-	(1,122,033)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	633,034	-	-	-	-	-	633,034
Changes in fair value of beneficial interest in perpetual trust	(438,832)	-	-	-	-	-	(438,832)
Change in net assets with donor restrictions	225,951	-	-	-	-	-	225,951
Changes in net assets before transfer	3,726,349	(1,506,966)	18,295	4,189	-	-	2,241,867
Transfer from Deborah Hospital Foundation	1,292,510	-	-	-	-	-	1,292,510
Changes in net assets	5,018,859	(1,506,966)	18,295	4,189	-	-	3,534,377
Net assets (deficiency)							
Beginning of year	45,656,314	(1,553,982)	753,779	(133,759)	280,800	944,096	45,947,248
End of year	$ 50,675,173	$ (3,060,948)	$ 772,074	$ (129,570)	$ 280,800	$ 944,096	$ 49,481,625

See Independent Auditor's Report.