

**Deborah Heart and Lung Center  
Consolidated Financial Statements  
December 31, 2025 and 2024  
With Independent Auditor's Report**

**Deborah Heart and Lung Center**  
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**December 31, 2025 and 2024**

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## Independent Auditor's Report

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

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

#### Opinion

We have audited the consolidated financial statements of Deborah Heart and Lung Center, which comprise the consolidated balance sheets as of December 31, 2025 and 2024, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of Deborah Heart and Lung Center as of December 31, 2025 and 2024, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS") and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Deborah Heart and Lung Center to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Consolidated Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

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

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

#### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated June 1, 2026 on our consideration of Deborah Heart and Lung Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Deborah Heart and Lung Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Deborah Heart and Lung Center's internal control over financial reporting and compliance.



June 1, 2026

**Deborah Heart and Lung Center  
Consolidated Balance Sheets  
December 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	\$ 2,673,303	\$ 6,311,810
Investments	10,474,959	11,899,171
Patient accounts receivable, net	33,797,164	27,571,028
Due from Deborah Hospital Foundation	4,009,086	4,129,528
Supplies	9,253,463	9,363,608
Prepaid expenses and other current assets	11,798,552	5,995,610
Assets limited as to use - interest reserve fund	883,870	2,602,485
<b>Total current assets</b>	<u>72,890,397</u>	<u>67,873,240</u>
<b>Assets limited as to use</b>		
By Board for designated purposes	16,852,924	15,683,279
Donor restricted	5,107,870	5,433,212
Insurance claims - held by Deborah Medical Associates	9,564,825	7,821,521
	<u>31,525,619</u>	<u>28,938,012</u>
Property and equipment, net	103,056,548	94,568,425
Right-of-use assets - operating, net	2,798,852	3,715,265
Other assets	1,002,077	1,001,327
Beneficial interest in perpetual trust	1,860,764	1,713,532
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	8,427,556	7,561,207
<b>Total assets</b>	<u><u>\$ 221,561,813</u></u>	<u><u>\$ 205,371,008</u></u>

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

**Deborah Heart and Lung Center  
Consolidated Balance Sheets  
December 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Liabilities and Net Assets</b>		
<b>Current liabilities</b>		
Accounts payable and accrued expenses	\$ 28,394,573	\$ 20,722,348
Accrued compensation and employee benefits	13,364,509	12,317,111
Estimated settlements due to third-party payors, net	1,466,704	2,367,436
Current maturities of long-term debt	66,035,678	640,513
Current portion of lease liability - operating	1,092,393	1,250,197
Refundable advance	308,000	-
<b>Total current liabilities</b>	<u>110,661,857</u>	<u>37,297,605</u>
Accrued retirement benefits	1,469,657	1,625,212
Estimated malpractice claims liability	5,507,005	4,592,526
Estimated settlements due to third-party payors, net	2,268,168	361,290
Long-term debt, less current maturities	2,318,624	56,740,478
Long-term lease liability - operating, less current maturities	1,855,602	2,821,380
<b>Total liabilities</b>	<u>124,080,913</u>	<u>103,438,491</u>
<b>Net assets</b>		
<b>Without donor restrictions</b>		
Controlled by the Center	75,020,697	79,810,090
Attributable to non-controlling interests	-	42,464
<b>Total without donor restrictions</b>	<u>75,020,697</u>	<u>79,852,554</u>
With donor restrictions	22,460,203	22,079,963
<b>Total net assets</b>	<u>97,480,900</u>	<u>101,932,517</u>
<b>Total liabilities and net assets</b>	<u>\$ 221,561,813</u>	<u>\$ 205,371,008</u>

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, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Net assets without donor restrictions</b>		
<b>Revenue</b>		
Net patient service revenue	\$ 234,354,182	\$ 229,600,477
Other revenue, and realized gains and losses	15,367,609	9,343,040
Grant income	220,666	1,575,173
Net assets released from restriction	915,935	963,618
<b>Total revenue</b>	<u>250,858,392</u>	<u>241,482,308</u>
<b>Expenses</b>		
Salary and wages	116,225,068	110,832,982
Employee benefits	25,667,520	25,160,344
Supplies and other expenses	112,862,948	105,669,378
Interest	-	303,218
Depreciation and amortization	7,256,878	6,299,907
<b>Total expenses</b>	<u>262,012,414</u>	<u>248,265,829</u>
<b>Loss from operations</b>	(11,154,022)	(6,783,521)
<b>Nonoperating revenue (loss) and unrealized gains</b>		
Contributions from Deborah Hospital Foundation	5,000,000	5,000,000
Unrealized gain on investments	824,296	1,528,584
Impairment of property and equipment	-	(3,239,372)
Impairment of right-of-use assets - operating	-	(2,365,323)
Forgiveness of debt - lease liability - operating	-	2,429,264
Realized loss on disposal of property and equipment	-	(1,198,731)
<b>Deficiency of revenue over expenses</b>	(5,329,726)	(4,629,099)
<b>Other changes in net assets without donor restrictions</b>		
Net assets released from restriction for property and equipment	497,869	367,391
Capital contribution from noncontrolling interest	-	3,188,943
<b>Changes in net assets without donor restrictions</b>	<u>(4,831,857)</u>	<u>(1,072,765)</u>
<b>Net assets with donor restrictions</b>		
Contributions	780,463	710,437
Net assets released from restriction	(1,413,804)	(1,331,009)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	866,349	362,242
Changes in fair value of beneficial interest in perpetual trust	147,232	109,348
<b>Changes in net assets with donor restrictions</b>	<u>380,240</u>	<u>(148,982)</u>
<b>Changes in net assets</b>	(4,451,617)	(1,221,747)
<b>Net assets</b>		
Beginning of year	101,932,517	103,154,264
<b>End of year</b>	<u>\$ 97,480,900</u>	<u>\$ 101,932,517</u>

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, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Operating activities</b>		
Changes in net assets	\$ (4,451,617)	\$ (1,221,747)
<b>Adjustments to reconcile changes in net assets to net cash used in operating activities</b>		
Depreciation and amortization of property and equipment	7,256,878	6,299,907
Amortization of right-of-use assets - operating	1,076,465	1,171,004
Capital contribution from noncontrolling interest	-	(3,188,943)
Impairment of property and equipment	-	3,239,372
Impairment of right-of-use assets - operating	-	2,365,323
Forgiveness of debt - lease liability - operating	-	(2,429,264)
Realized loss on disposal of property and equipment	-	1,198,731
Net realized and unrealized gains on assets whose use is limited	(260,891)	(34,759)
Net realized and unrealized gains on investments	(1,870,882)	(1,923,180)
Contributions for property and equipment	(497,869)	(367,391)
Change in beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	(866,349)	(362,242)
Change in fair value of beneficial interest in perpetual trust	(147,232)	(109,348)
<b>Changes in operating assets and liabilities</b>		
Patient accounts receivable	(6,226,136)	5,224,037
Due from Deborah Hospital Foundation	120,442	(137,801)
Supplies	110,145	(1,410,805)
Prepaid expenses and other current assets	(5,802,942)	(1,501,125)
Other assets	(750)	43,128
Accounts payable and accrued expenses	7,672,225	(7,437,906)
Accrued compensation and employee benefits	1,047,398	(1,016,405)
Accrued retirement benefits	(155,555)	269,898
Estimated malpractice claims liability	914,479	1,594,373
Lease liability - operating	(1,283,634)	(1,066,384)
Refundable advance	308,000	(1,140,435)
Estimated settlements due to third-party payors	1,006,146	1,487,034
<b>Net cash used in operating activities</b>	<u>(2,051,679)</u>	<u>(454,928)</u>
<b>Investing activities</b>		
Additions to property and equipment	(15,745,001)	(26,065,579)
Proceeds from sale of property and equipment	-	613,776
Proceeds from sale of unrestricted investments	3,473,915	2,186,250
Purchase of unrestricted investments	(247,981)	(1,458,137)
Proceeds from sale of assets limited as to use	8,611,292	6,130,199
Purchase of assets limited as to use	(10,204,012)	(8,986,171)
<b>Net cash used in investing activities</b>	<u>(14,111,787)</u>	<u>(27,579,662)</u>

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, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Financing activities</b>		
Proceeds from contributions for property and equipment acquisitions	\$ 497,869	\$ 367,391
Proceeds from Greater Commercial Lending bridge loan	11,248,008	17,827,720
Proceeds from PSE&G loan	-	878,769
Capital contribution from noncontrolling interest	-	3,188,943
Payments on long-term debt	(274,697)	(5,918,953)
Payments on finance lease liability	-	(18,669)
<b>Net cash provided by financing activities</b>	<u>11,471,180</u>	<u>16,325,201</u>
<b>Net change in cash, cash equivalents, and restricted cash</b>	(4,692,286)	(11,709,389)
<b>Cash, cash equivalents, and restricted cash</b>		
Beginning of year	18,193,449	29,902,838
<b>End of year</b>	<u>\$ 13,501,163</u>	<u>\$ 18,193,449</u>
<b>Supplemental disclosure of cash flow information</b>		
<b>Cash paid during the year for</b>		
Interest	<u>\$ -</u>	<u>\$ 303,218</u>
<b>Noncash investing and financing activities</b>		
Accounts payable and accrued expenses for property and equipment	<u>\$ -</u>	<u>\$ 120,000</u>
<b>Cash, cash equivalents and restricted cash as reported within the consolidated balance sheets</b>		
Cash and cash equivalents	\$ 2,673,303	\$ 6,311,810
Investments	885,889	955,049
Assets limited as to use - by Board for designated purposes	526,498	239,161
Assets limited as to use - donor restricted	5,107,870	5,433,212
Assets limited as to use - interest reserve fund	883,870	2,602,485
Assets limited as to use - insurance claims - held by Deborah Medical Associates	3,423,733	2,651,732
<b>Total cash, cash equivalents and restricted cash as shown in the consolidated statements of cash flows</b>	<u>\$ 13,501,163</u>	<u>\$ 18,193,449</u>

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

# **Deborah Heart and Lung Center**

## **Notes to Consolidated Financial Statements**

### **December 31, 2025 and 2024**

#### **1. Organization**

Deborah Heart and Lung Center (“DHLC” or the “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, and The Surgery Center at Deborah, LLC (“SCD”) 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. During the year ended December 31, 2025, management ceased operations of Advanced with intent to dissolve in 2026. 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 DCG 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.

The Surgery Center at Deborah, LLC was formed as a for-profit, New Jersey Limited Liability Company for the purpose of the development, establishment, and operation of a licensed ambulatory surgical center. The services will generally be covered by third-party insurers or payor agreements. SCD's majority shareholder is DHLC. Operations commenced in December 2023 and ceased in August 2024. As of December 31, 2025, SCD was dissolved. As of December 31, 2024, SCD was owned 59% by DHLC and 41% by minority interests.

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 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 (“Board”) currently consists of thirteen (13) voting members. They are the Chair of the Board, the Chair-Emeritus of the Board, the President and CEO of the Center, ten (10) additional “At Large” trustees elected by the Center's Board.

#### **2. Nature of Operations and Summary of Significant Accounting Policies**

##### **a. Principles of Consolidation**

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

##### **b. 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.

**Deborah Heart and Lung Center**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

**c. 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 certain net assets without donor restrictions (see Note 17).

**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, 2025 and 2024.

**d. 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 are related to the determination of contractual allowances for patient accounts receivable; valuation of investments; estimated settlements with third-party payors; useful lives of property and equipment; self-insured reserves, including professional malpractice and general liabilities.

**e. 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 elected to treat highly liquid short-term investments held in investments and assets restricted as to use as cash equivalents and therefore includes them as cash and cash equivalents on the consolidated statements of cash flows.

**f. Supplies**

The Center measures its supplies at the lower of cost and net realizable value. Cost is determined by 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.

**g. 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 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 the Greater Commercial Lending drawdown bridge loan are held for payment of interest due on the loans.

Assets limited as to use for donor restricted purposes are held for capital improvements pursuant to the Deborah Capital Campaign.

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 are classified as current assets in the consolidated balance sheets as assets limited as to use, when applicable.

**Deborah Heart and Lung Center**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

Investment income and realized gains and losses are included in other revenue; unrealized gains and losses are recorded as nonoperating revenue. 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.

**h. 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, 2025 and 2024.

**i. Property and Equipment**

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed on the straight-line method.

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 where available or discounted cash flows. In August 2024, the Center closed SCD and eventually settled on all outstanding obligations, which resulted in an impairment of long-lived assets of \$5,604,695 composed of property and equipment and right-of-use ("ROU") assets as well as forgiveness of debt of a lease liability of \$2,429,264 at December 31, 2024.

**j. Other Assets**

Included in other assets is a minority investment in a partnership of \$351,450 at December 31, 2025 and 2024 and a minority investment in a limited liability company of \$280,800 at December 31, 2025 and 2024. The partnership and limited liability company investments are reported at estimated fair value using the practical expedient, 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, 2025 and 2024, there were no impairments or observable price changes.

Also included in other assets at December 31, 2025 and 2024, are deferred financing costs of \$369,827 and \$369,077, respectively. See Note 9 for debt.

**k. Beneficial Interest in Perpetual Trusts**

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.

**Deborah Heart and Lung Center**  
**Notes to Consolidated Financial Statements**  
**December 31, 2025 and 2024**

**I. 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.

**m. 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, 2025 and 2024 were \$2,381,616 and \$1,976,173, respectively.

**n. 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.

**o. 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.

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 after the services are performed or shortly after discharge. Revenue from inpatient and outpatient services is 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 concessions. Implicit price concessions are included in the estimate of the transaction price.

**Deborah Heart and Lung Center**  
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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.

Because the Center's patient service performance obligations relate to contracts with a duration of less than one year, the Center has elected to apply the optional exemption provided in Financial Accounting Standards Board Accounting Standards Codification 606-10-50-14(a), Revenue from Contracts with Customers and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

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.

**p. Grant Income**

The Center recognized grant revenue of \$220,666 for the year ended December 31, 2025, for various grants, which are recognized as revenue when applicable expenses are incurred. During the year ended December 31, 2024, the Center recognized \$1,575,173 of grant income received from the Public Service Electric and Gas Company through the Hospital Efficiency Program due to this construction project being completed in December 2024. During the years ended December 31, 2025 and 2024, the Center recognized grant income in its consolidated statements of operations and changes in net assets for the full amount of the cash payments received.

**q. Contributions**

Unconditional contributions of cash and other assets, including promises to give, are reported at fair value at the date the asset or unconditional 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 and equipment.

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**r. Deficiency of Revenue over Expenses**

The consolidated statements of operations and changes in net assets include the deficiency 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 which include contributions from Deborah Hospital Foundation, unrealized gains on investments, impairment of property and equipment from discontinued operations and ROU assets, forgiveness of debt and realized losses on disposal of property and equipment. Other changes in net assets without donor restrictions that are excluded from the deficiency of revenue over expenses include contributions for capital renovations and equipment acquisitions.

**s. Income Taxes**

DHLC 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, 2025 and 2024, 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, 2025 and 2024.

DMI, DMAIC and SCD 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 Members, DHLC or others, on their returns.

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 has 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.

**t. Leases**

The Center categorizes leases with contractual terms longer than twelve months as either operating or financing. Financing leases are generally those leases that allow the Center to substantially utilize or pay for the entire asset over its estimated useful life. All other leases are categorized as operating leases. Leases with contractual terms of 12 months or less are not recorded on the consolidated balance sheets.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. For all operating leases, the Center accounts for these other services as a component of the lease.

Lease liabilities are recognized at the present value of the fixed lease payments using the practical expedient to utilize a risk-free rate. ROU assets are recognized based on the initial present value of the fixed lease payments, plus any direct costs from executing the leases. ROU assets for financing leases are included in property and equipment. Lease assets are tested for impairment in the same manner as long-lived assets used in operations.

Options to extend lease terms, terminate leases before the contractual expiration date or purchase the leased assets, are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease.

Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term of the lease. Finance assets are amortized on a straight-line basis over the shorter of the estimated useful lives of the assets or the lease term. The interest component of a finance lease is included in interest expense and recognized using the effective interest method over the lease term.

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**u. New Accounting Pronouncements Adopted in the Current Year**

In July 2025, Financial Accounting Standards Board issued Accounting Standard Update ("ASU") 2025-05, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets*. The new standard, which is effective for annual reporting periods beginning after December 15, 2025, with early adoption permitted, provides a simplified approach for measuring expected credit losses on current accounts receivable and current contract assets under Topic 606.

The Center has early adopted ASU 2025-05 prospectively as of January 1, 2025. There was no effect on net assets as a result of the adoption.

**v. Reclassifications**

Certain prior-year amounts have been reclassified to conform to the current-year presentation. The reclassifications had no net effect on net assets or changes in net assets.

**3. Liquidity and Availability**

As of December 31, 2025 and 2024, financial assets available within one year for general expenditures were as follows:

	<u>2025</u>	<u>2024</u>
Cash and cash equivalents	\$ 2,673,303	\$ 6,311,810
Investments	10,474,959	11,899,171
Patient accounts receivable, net	33,797,164	27,571,028
Due from Deborah Hospital Foundation	4,009,086	4,129,528
	<u>\$ 50,954,512</u>	<u>\$ 49,911,537</u>

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 receivable 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 Board designated assets. See Note 9 for information about the lines of credit. See Notes 6 and 17 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 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 \$6,661,000 and \$5,085,000 for the years ended December 31, 2025 and 2024, respectively.

## **Deborah Heart and Lung Center Notes to Consolidated Financial Statements December 31, 2025 and 2024**

The Center maintains records to identify and monitor the level of charity care it provides. In 2025 and 2024, the amount of charges forgone for services provided to patients under its charity care policy, net of the Health Care Subsidy Fund ("HCSF"), was \$36,800,639 and \$27,746,668, 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, 2025 and 2024, the Center received \$469,688 and \$903,572, 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, 2026; 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 \$10,483,192 and \$8,155,542 in 2025 and 2024, respectively.

The Center receives additional Medicaid funding under the New Jersey County Option Hospital Fee Program. This program is administered through DMHAS. The program requires that participating hospitals pay quarterly assessed fees based on estimated non-Medicare discharge data within the county, and such payments are then pooled with federal Medicaid matching funds and redistributed to the participating hospitals as State Directed Payments. The State Directed Payments are subject to annual settlement based on actual Medicaid utilization data and other factors. The program resulted in expense incurred by the Center of \$816,171 included within supplies and other expenses and revenue earned of \$2,624,771 included within net patient service revenue for the year ended December 31, 2024. For the year ended December 31, 2025, the Center incurred expenses related to the program of \$1,779,792 included within supplies and other expenses and earned revenue of \$5,778,346 included within net patient service revenue.

### **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, 2025 and 2024. 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. There were no adjustments for settlements for the years ended December 31, 2025 and 2024.

Net revenue from the Medicare and Medicaid programs for the years ended December 31, 2025 and 2024 constitutes approximately 49% and 53%, 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.

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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, 2025 and 2024 are as follows:

	<u>2025</u>	<u>2024</u>
Gross charges	\$1,441,153,763	\$1,387,397,759
Contractual adjustments and implicit price concessions	(1,207,269,269)	(1,158,700,854)
Charity care subsidy	469,688	903,572
	<u>\$ 234,354,182</u>	<u>\$ 229,600,477</u>

Patient accounts receivable from contracts with customers at December 31, 2025, 2024 and 2023 were as follows:

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Patient accounts receivable, net	\$ 33,797,164	\$ 27,571,028	\$ 32,795,065

**6. Investments and Assets Limited as to Use**

Investments and assets limited as to use consist of the following at December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
<b>Unrestricted investments</b>		
Cash and cash equivalents	\$ 885,889	\$ 955,049
Corporate bonds	311,023	392,097
Equity securities (including mutual funds and exchange traded funds)	9,278,047	10,552,025
	<u>10,474,959</u>	<u>11,899,171</u>
<b>By Board for designated purposes</b>		
Cash and cash equivalents	\$ 526,498	\$ 239,161
Corporate bonds	933,996	784,461
Government securities	2,067,047	1,644,025
Certificates of deposit	559,045	557,125
Equity securities (including mutual funds)	12,766,338	12,458,507
	<u>\$ 16,852,924</u>	<u>\$ 15,683,279</u>

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	<u>2025</u>	<u>2024</u>
<b>Donor restricted</b>		
Cash and cash equivalents	\$ 5,107,870	\$ 5,433,212
<b>Insurance claims - held by Deborah Medical Associates</b>		
Cash and cash equivalents	\$ 3,423,733	\$ 2,651,732
Corporate bonds	1,631,690	1,579,002
Government securities	1,716,048	1,267,774
Equity securities	2,793,354	2,323,013
	<u>\$ 9,564,825</u>	<u>\$ 7,821,521</u>
<b>Assets limited to use under Greater Commercial lending agreement for interest reserve fund</b>		
Cash and cash equivalents	<u>\$ 883,870</u>	<u>\$ 2,602,485</u>

Net investment return for the years ended December 31, 2025 and 2024 amounted to \$3,744,703 and \$3,258,652, respectively, and is included in other revenue, realized gains and losses and unrealized gain on investments 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) 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, 2025 and 2024.

**Deborah Heart and Lung Center**  
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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, 2025 and 2024:

	<b>2025</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
Cash and cash equivalents	\$ 13,501,163	\$ -	\$ -	\$ 13,501,163
Corporate bonds	-	2,876,709	-	2,876,709
Equity securities (including mutual funds and exchange traded funds)	24,837,739	-	-	24,837,739
Governmental securities	3,783,095	-	-	3,783,095
Certificates of deposit	-	559,045	-	559,045
Beneficial interest in perpetual trust	-	-	1,860,764	1,860,764
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	2,201,484	-	6,226,072	8,427,556
	<u>\$ 44,323,481</u>	<u>\$ 3,435,754</u>	<u>\$ 8,086,836</u>	<u>\$ 55,846,071</u>

	<b>2024</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
Cash and cash equivalents	\$ 18,193,449	\$ -	\$ -	\$ 18,193,449
Corporate bonds	-	2,755,560	-	2,755,560
Equity securities (including mutual funds and exchange traded funds)	25,333,545	-	-	25,333,545
Governmental securities	2,911,799	-	-	2,911,799
Certificates of deposit	-	557,125	-	557,125
Beneficial interest in perpetual trust	-	-	1,713,532	1,713,532
Beneficial interest in net assets with donor restrictions of Deborah Hospital Foundation	1,922,593	-	5,638,614	7,561,207
	<u>\$ 48,361,386</u>	<u>\$ 3,312,685</u>	<u>\$ 7,352,146</u>	<u>\$ 59,026,217</u>

During the years ended December 31, 2025 and 2024, there were no transfers into or out of Level 3 and there were no purchases of Level 3 assets.

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**8. Property and Equipment**

Property and equipment consist of the following at December 31, 2025 and 2024:

	<b>Estimated Life (Years)</b>	<b>2025</b>	<b>2024</b>
Land		\$ 100,365	\$ 100,365
Buildings and improvements	5-40	115,217,734	52,895,944
Equipment	3-20	90,998,340	79,483,605
Land improvements	20	1,971,429	-
Construction in progress		806,975	60,971,639
		<u>209,094,843</u>	<u>193,451,553</u>
Less: Accumulated depreciation and amortization		(106,038,295)	(98,883,128)
		<u><u>\$ 103,056,548</u></u>	<u><u>\$ 94,568,425</u></u>

Depreciation on property and equipment was \$7,256,878 and \$6,299,907 for the years ended December 31, 2025 and 2024, respectively.

**9. Long-Term Debt**

Long-term debt consists of the following at December 31, 2025 and 2024:

	<b>2025</b>	<b>2024</b>
USDA Construction Loan and USDA Guaranteed Loan	\$ 65,430,820	\$ 54,182,812
PSE&G reimbursable advance	2,923,482	3,198,179
	<u>68,354,302</u>	<u>57,380,991</u>
Less: Current maturities	(66,035,678)	(640,513)
<b>Long-term debt, less current maturities</b>	<u><u>\$ 2,318,624</u></u>	<u><u>\$ 56,740,478</u></u>

**USDA Construction Loan and USDA Guaranteed Loan**

In December 2021, the Center was issued and guaranteed loans by the United States Department of Agriculture (“USDA”) as follows: 1) an \$88,174,000 direct loan by the USDA (the “USDA Loan”); and 2) a \$10,277,000 loan by Greater Nevada Credit Union, guaranteed by the USDA (the “Guaranteed Loan”). These loans will underwrite the construction and renovation costs of the “Deborah 100” Expansion Project. The USDA Loan is a 40-year loan with a fixed interest rate of 2.125%. The Guaranteed Loan is a 30-year loan with a fixed interest rate of 4.07%. These loans will close once the certificate of occupancy for the renovations and expansion is issued. Completion of the “Deborah 100” Expansion Project is expected to occur in September 2026. To fund the “Deborah 100” Expansion Project during construction, Greater Commercial Lending, a credit union service organization wholly owned by Greater Nevada Credit Union, has committed to provide the Center with “drawdown” bridge financing, also guaranteed by the USDA, for a period of 3 years at a fixed rate of 2.89% and requires monthly interest only payments. The drawdown on the Greater Commercial Lending bridge financing began on December 16, 2021 and was extended through September 2026. The most restrictive financial covenants are debt service coverage ratio and days cash on hand; however, the Center is not required to be compliant until the first full calendar quarter after completion of the project. The Greater Commercial Lending loan had a balance of \$65,430,820 and \$54,182,812 at December 31, 2025 and 2024, respectively. Repayment of the Greater Commercial Lending Loan is to begin after completion of the “Deborah 100” Expansion Project. Interest capitalized during 2025 and 2024 totaled \$1,718,615 and \$1,324,800, respectively. The aggregate cost basis of the debt issuance costs for the USDA Loan was \$369,827 and \$369,077 at December 31, 2025 and 2024, respectively, and is included in non-current assets, on the consolidated balance sheets.

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**PSE&G Hospital Efficiency Program**

In November 2021, the Center signed a \$5,287,530 customer repayment agreement with Public Service Electric and Gas Company (“PSE&G”) pursuant to the Hospital Efficiency Program. Of the total estimated advance, \$3,202,567 is a reimbursable advance to be repaid in 60 monthly payments of \$53,376. The remaining \$2,084,963 of the non-reimbursable advance will be recorded by the Center as grant income. Funding of the PSE&G advances will be paid in three installments. The reimbursable advance is due upon completion of construction in connection with implementation of specific energy conservation measures at the Center. Construction was completed in December 2024 at which time the Center recorded grant income of \$1,575,173 and the outstanding debt balance was \$3,198,179. The reimbursable advance had a balance of \$2,923,482 as of December 31, 2025.

**Equipment Term Loan**

In October 2022, SCD signed a term loan agreement for a maximum borrowing amount of \$5,000,000 for the purpose of financing the acquisition of certain equipment. The rate of interest on the loan was fixed to 6.25%. During the draw period, monthly payments of accrued interest only were required. The draw period ended on October 28, 2024. Commencing on November 28, 2024, the note was payable in 54 monthly payments. This loan was guaranteed by the Center up to the Center’s ownership percentage. This loan was fully paid off by the Center during 2024 and the loan was terminated.

**Leasehold Improvement Term Loan**

In October 2022, SCD signed a term loan agreement for a maximum borrowing amount of \$3,000,000 for the purpose of financing certain leasehold improvements. The rate of interest on the loan was fixed to 6.25%. During the draw period, monthly payments of accrued interest only were required. The draw period ended on April 28, 2024. Commencing on May 28, 2024, the note was payable in 72 monthly payments. This loan was guaranteed by the Center up to the Center’s ownership percentage. This loan was fully paid off by the Center during 2024 and the loan was terminated.

**Future Principal Payments**

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

	<b>USDA Construction Loan and USDA Guaranteed Loans</b>	<b>PSE&amp;G Refundable Advance</b>	<b>Total</b>
2026	\$ 65,430,820	\$ 604,858	\$ 66,035,678
2027	-	604,858	604,858
2028	-	604,858	604,858
2029	-	604,858	604,858
2030	-	504,050	504,050
	<u>\$ 65,430,820</u>	<u>\$ 2,923,482</u>	<u>\$ 68,354,302</u>

**Lines of Credit**

The Foundation has an agreement for a line of credit in the amount of \$6,425,000 for each of the years ended December 31, 2025 and 2024, with an interest rate at December 31, 2025 and 2024 of 5.25% and 5.95%, respectively. The line of credit includes one letter of credit totaling \$975,000 and \$825,000 at December 31, 2025 and 2024, respectively, which expires on July 23, 2026. The letter of credit is collateral for potential claims under the Center’s workers’ compensation insurance policy (see Note 13). The maximum amount that can be borrowed against the line of credit is \$5,449,838 and \$5,600,000 at December 31, 2025 and 2024, 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 would be recorded on the Center’s consolidated financial statements. At December 31, 2025 and 2024, no amounts were outstanding on this line of credit.

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SCD had available a revolving line of credit for \$1,000,000, which was due in October 2025 and had an interest rate of 8.25%. The Center was also a guarantor on this line of credit up to the Center's ownership percentage. This line of credit was paid off by the Center during 2024 and the line of credit was terminated.

**10. Related Organization**

Contributions from the Foundation to the Center for operations amounted to \$5,000,000 in 2025 and 2024, which are included in nonoperating revenue. Additionally, the Foundation raised on the behalf of the Center \$5,935,491 and \$1,455,068 for the years ended December 31, 2025 and 2024, respectively. The Center has included these amounts in other revenue and realized gains and losses and contributions with donor restrictions. Funding by the Foundation to the Center for the Children of the World and other specific purpose programs amounted to \$215,219 and \$223,242 in 2025 and 2024, respectively, and is included in other revenue, and realized 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. The Foundation budgeted \$6,000,000 in Center support for 2026. At December 31, 2025 and 2024, the Center had a receivable due from the Foundation in the amount of \$4,009,086 and \$4,129,528, respectively.

A summary of the Foundation's assets, liabilities and net assets, results of operations, and changes in net assets is as follows as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Assets	\$ 27,983,711	\$ 28,314,559
Liabilities	\$ 7,755,063	\$ 7,728,424
<b>Net assets</b>		
Without donor restrictions	11,169,175	12,156,819
With donor restrictions	9,059,473	8,429,316
<b>Total net assets</b>	<u>20,228,648</u>	<u>20,586,135</u>
<b>Total liabilities and net assets</b>	<u>\$ 27,983,711</u>	<u>\$ 28,314,559</u>
Revenue	<u>\$ 7,693,386</u>	<u>\$ 4,887,627</u>
<b>Less: Expenses</b>		
Program services	5,215,219	5,223,242
Management, administrative and general	701,943	76,938
Fundraising	2,133,711	2,396,370
<b>Total expenses</b>	<u>8,050,873</u>	<u>7,696,550</u>
<b>Changes in net assets</b>	(357,487)	(2,808,923)
<b>Net assets</b>		
Beginning of year	20,586,135	23,395,058
<b>End of year</b>	<u>\$ 20,228,648</u>	<u>\$ 20,586,135</u>

**Deborah Heart and Lung Center**  
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**11. Retirement Benefit Plans**

**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 \$3,570,945 and \$3,536,410 for the years ended December 31, 2025 and 2024, respectively.

For reasons relating primarily to proposed changes by the Internal Revenue Service to certain non-qualified plans, the Center's 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. This plan had a balance of \$483,797 and \$432,458 at December 31, 2025 and 2024, respectively.

In 2017, the Center's 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 did not have a balance at December 31, 2025. As of December 31, 2024, this plan had a balance of \$70,075.

Effective January 1, 2018, the Center's 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 \$985,859 and \$1,122,679 at December 31, 2025 and 2024, respectively.

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

**12. Leases**

The Center leases various facilities under operating leases expiring at various dates through 2029. Effective March 2025, the SCD lease was terminated along with any related obligations and an impairment loss in the amount of \$2,365,323 was recognized (see Note 2 for a disclosure on impairment).

The following summarizes lease expense for the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
<b>Finance lease</b>		
Amortization of right-of-use assets	\$ -	\$ 42,552
Interest on lease liabilities	-	139
<b>Total finance lease</b>	-	42,691
Operating leases	1,132,600	1,453,101
Short-term lease cost	1,641,151	1,693,727
<b>Total cost associated with financing and operating leases</b>	<u>\$ 2,773,751</u>	<u>\$ 3,189,519</u>
Right-of-use asset obtained in exchange for new operating lease liability	<u>\$ 160,052</u>	<u>\$ 412,182</u>
<b>Other information</b>		
<b>Cash paid for amounts included in the measurement of lease liabilities</b>		
Operating cash flows from finance leases	\$ -	\$ 139
Operating cash flows from operating leases	<u>\$ 1,147,743</u>	<u>\$ 1,341,399</u>
Financing cash flows from finance leases	<u>\$ -</u>	<u>\$ 43,784</u>

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Weighted-average remaining lease term - operating leases	2.66 years	3.54 years
Weighted-average discount rate - operating leases	1.68%	1.58%

The following table is a maturity analysis of the annual undiscounted cash flows for operating leases recorded in the accompanying consolidated balance sheet at December 31, 2025:

2026	\$ 1,133,838
2027	1,017,066
2028	851,267
2029	16,787
<b>Total lease payments</b>	<u>3,018,958</u>
Less: Imputed interest	(70,963)
<b>Total lease obligation</b>	<u>2,947,995</u>
Less: Current portion	(1,092,393)
<b>Long-term portion</b>	<u><u>\$ 1,855,602</u></u>

**Leased Property**

In 2019, the Center and Capital Health System, Inc. (“Capital Health”) 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 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 was extended to 2029 with an automatic renewal through 2034. The monthly rental payments are \$19,185 (\$230,225 annually). In addition to the monthly rental charge, Capital Health is required to reimburse the Center for the ancillary charges. For the years ended December 31, 2025 and 2024, the Center recognized revenue from Capital Health of \$3,218,208 and \$2,579,494, respectively, which is included in other revenue, realized gains and losses on the consolidated statements of operations and changes in net assets.

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 for the first ten years and increased once every ten years based upon a 2% per year increase, compounded annually, and then fixed for each ten year period during the term. 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. For each of the years ended December 31, 2025 and 2024, the Center recognized revenue of \$32,500 which is included in other revenue, and realized gains and losses in the consolidated statements of operations and changes in net assets.

**13. 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, LLC, 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 allied who are on the medical staff of the Center and who meet specific underwriting criteria.

The Center purchases excess liability coverage with an insurance company 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, 2025 and 2024, no claims have reached excess insurance levels.

## **Deborah Heart and Lung Center Notes to Consolidated Financial Statements December 31, 2025 and 2024**

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; and \$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 are: \$2,000,000 each claim for all insureds combined; and \$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 of \$300,000 each occurrence; bodily injury by disease of \$300,000 each employee; all covered bodily injury of \$1,500,000 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 2025 and 2024. The aggregate deductible amount is a minimum deductible amount that is subject to adjustment based on a rate of 1.747 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 \$1,558,306 and \$1,269,208 at December 31, 2025 and 2024, 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.

### **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 \$4,739,913 and \$5,026,748 for the years ended 2025 and 2024, respectively. The aggregate amounts budgeted for these practices in 2026 total approximately \$2,939,000.

### **Construction Commitments**

On December 16, 2021, the Center signed a \$52,251,888 construction contract (the "contract") naming the primary contractor for the "Deborah 100" Expansion Project. The contract calls for progress billings on a monthly basis based on most recent value of work completed. Retainage on these billings will be withheld at 10% of value of work until the contract is 50% complete. At 50% completion or any time after when progress of the work is not satisfactory, additional amounts may be retained, but not to exceed 10% of the value of work. Final payment constituting the entire unpaid balance shall be made when the primary contractor has fully performed the contract, except for the primary contractor's responsibility to correct work and a final certificate for payment has been issued by the architect. As of December 31, 2025, total costs incurred under this contract amounted to \$53,503,466, and outstanding retainage payable balance was \$3,413,999.

**Deborah Heart and Lung Center**  
**Notes to Consolidated Financial Statements**  
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**14. 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 at December 31, 2025 and 2024:

	<b>2025</b>	<b>2024</b>
	%	%
Medicare	49	48
Managed care	25	27
Commercial insurance	13	12
Blue Cross	6	6
Medicaid	7	7
	<u>100</u>	<u>100</u>

The Center maintains cash and equivalents in a financial institution which regularly exceed the Federal Deposit Insurance Corporation limit. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Center's financial condition, results of operations, and cash flows.

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 through the Securities Investor Protection Corporation ("SIPC"), which offers limited coverage up to a ceiling of \$500,000 (including a maximum of \$250,000 for claims of uninvested cash). The Center's investments in corporate bonds, government securities and equity securities are also insured by SIPC. The SIPC insurance does not protect against market losses on investments.

**15. 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, 2025 and 2024 consist of the following:

	<b>2025</b>		
	<b>Program</b>	<b>Management,</b>	
	<b>Services</b>	<b>Administrative</b>	<b>Total Expenses</b>
	<b>and General</b>		
Salary and wages	\$ 96,907,841	\$ 19,317,227	\$ 116,225,068
Employee benefits	21,517,329	4,150,191	25,667,520
Supplies and other expenses	85,120,691	27,742,257	112,862,948
Depreciation and amortization	5,981,833	1,275,045	7,256,878
	<u>\$ 209,527,694</u>	<u>\$ 52,484,720</u>	<u>\$ 262,012,414</u>

**Deborah Heart and Lung Center  
Notes to Consolidated Financial Statements  
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	<b>2024</b>		
	<b>Program Services</b>	<b>Management, Administrative and General</b>	<b>Total Expenses</b>
Salary and wages	\$ 91,557,829	\$ 19,275,153	\$ 110,832,982
Employee benefits	20,833,608	4,326,736	25,160,344
Supplies and other expenses	79,962,792	25,706,586	105,669,378
Interest	170,038	133,180	303,218
Depreciation and amortization	5,024,184	1,275,723	6,299,907
	<u>\$ 197,548,451</u>	<u>\$ 50,717,378</u>	<u>\$ 248,265,829</u>

**16. Net Assets With Donor Restrictions**

Net assets with donor restrictions are restricted for the following purposes or periods at December 31, 2025 and 2024:

	<b>2025</b>	<b>2024</b>
<b>Subject to expenditure for specified purpose</b>		
Health care services	\$ 191,352	\$ 131,371
Purchase of property and equipment	395,743	396,108
Capital campaign donations	7,372,011	7,372,011
Nursing scholarships	1,629,013	1,714,750
Children of the world	2,583,764	3,190,984
	<u>12,171,883</u>	<u>12,805,224</u>
<b>Subject to the passage of time</b>		
Beneficial interest in perpetual trust	1,860,764	1,713,532
Beneficial interest in restricted net assets with donor restrictions of Deborah Hospital Foundation	8,427,556	7,561,207
	<u>10,288,320</u>	<u>9,274,739</u>
	<u>\$ 22,460,203</u>	<u>\$ 22,079,963</u>

During 2025 and 2024, net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose of health care services and purchase of property and equipment in the amount of \$1,413,804 and \$1,331,009, respectively.

**17. Net Assets With Board Designations**

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

**Deborah Heart and Lung Center**  
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Board designated net assets consist of the following at December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
For future operations	\$ 15,378,818	\$ 14,056,267
Apartment security deposits	4,450	1,800
Severance savings plan	483,797	432,458
457(f) deferred compensation plan	-	70,075
457(b) deferred compensation plan	985,859	1,122,679
	<u>\$ 16,852,924</u>	<u>\$ 15,683,279</u>

**18. Net Assets Without Donor Restrictions**

Included in net assets without donor restrictions are unrealized (loss) gain from DMAIC's investments in the amount of \$20,503 and \$(12,507) at December 31, 2025 and 2024, respectively.

**19. Subsequent Events**

The Center evaluated its December 31, 2025 consolidated financial statements for subsequent events through June 1, 2026, the date the consolidated financial statements were available to be issued. Based on this evaluation, the Center has determined that other than the matter mentioned in Note 12, there were no other subsequent events that required disclosure in the consolidated financial statements.

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

### **Independent Auditor's Report**

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States ("*Government Auditing Standards*"), the consolidated financial statements of Deborah Heart and Lung Center (the "Center"), which comprise the consolidated balance sheet as of December 31, 2025, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated June 1, 2026.

### **Report on Internal Control over Financial Reporting**

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

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

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

### **Report on Compliance and Other Matters**

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

### Purpose of This Report

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

*Withum Smith + Brown, PC*

June 1, 2026