Consolidated Financial Statements As of and for the Three Month Periods Ended March 31, 2023 and 2022

Consolidated Balance Sheets As of March 31, 2023 and December 31, 2022 *(in thousands)*

ASSETS		Unaudited March 31, 2023	٦	Audited December 31, 2022
Current assets:				
Cash and cash equivalents	\$	567,610	\$	680,644
Assets limited as to use	Ψ	117,073	Ψ	117,073
Patient accounts receivable, net		345,243		327,370
Other current assets		203,186		179,842
Total current assets		1,233,112		1,304,929
Assets limited as to use, net of current portion		2,314,977		2,219,445
Long-term investments and other assets		435,725		421,320
Property, plant and equipment, net		1,317,272		1,305,439
Right of use assets, net		322,903		329,148
Total assets	\$	5,623,989	\$	5,580,281
LIABILITIES AND NET ASSETS				
Current liabilities:				
Current portion of long-term debt	\$	67,886	\$	67,886
Current portion of lease liability		41,463		41,641
Current portion of CARES Act Medicare advancements		-		6,418
Accounts payable and accrued expenses		460,623		548,246
Estimated amounts due to third party payers		61,663		58,106
Total current liabilities		631,635		722,297
Accrued employee benefits and other, net of current portion Long-term debt, net of unamortized bond premium,		330,462		341,965
debt issuance costs, and current portion		1,353,097		1,354,518
Long-term lease liability, net of current portion		289,205		294,897
Total liabilities		2,604,399		2,713,677
Net assets:				
Without donor restrictions controlled by the Hospital		2,814,109		2,658,068
Without donor restrictions attributable to noncontrolling interest		4,619		4,640
Without donor restrictions		2,818,728		2,662,708
With donor restrictions		200,862		203,896
Total net assets		3,019,590		2,866,604
Total liabilities and net assets	\$	5,623,989	\$	5,580,281

Consolidated Statements of Operations

For the three month periods ended March 31, 2023 and 2022 *(in thousands)*

(in thousands)	Unaudited March 31, 2023		naudited Iarch 31, 2022
Revenues, gains and other support			
Net patient service revenue	\$	828,771	\$ 753,338
Physician practice and other revenue		130,959	119,036
Legislative Funding from CARES Act and FEMA		12,402	-
Net assets released from restrictions		3,099	 5,079
Total revenues, gains and other support		975,231	 877,453
Expenses			
Salaries		438,273	385,539
Supplies and other expenses		359,163	336,542
Employee benefits		82,995	81,169
Depreciation and amortization		46,220	45,926
Interest		13,025	 10,960
Total operating expenses		939,676	 860,136
Operating income		35,555	 17,317
Change in net unrealized gains		125,623	(192,434)
Investment income, net		(10,286)	6,387
Nonoperating gain, net		(1,469)	 (1,727)
Excess (deficiency) of revenues over expenses		149,423	(170,457)
Other changes in net assets without donor restrictions			
Noncontrolling interest		(21)	(298)
Net assets released from restrictions for capital purposes		6,618	 260
Increase (decrease) in net assets without donor restrictions	\$	156,020	\$ (170,495)

Consolidated Statements of Changes in Net Assets For the three month periods ended March 31, 2023 and 2022 *(in thousands)*

	<mark>Unaudited</mark> March 31, 2023		Unaudited March 31, 2022	
Net assets without donor restrictions				
Excess (deficiency) of revenues over expenses	\$	149,423	\$	(170,457)
Noncontrolling interest		(21)		(298)
Net assets released from restrictions for capital purposes		6,618		260
Increase (decrease) in net assets without donor restrictions		156,020		(170,495)
Net asset with donor restictions				
Contributions		4,549		12,097
Investment income		343		185
Change in net unrealized gain (loss)		1,791		(2,400)
Net assets released from restrictions for operations		(3,099)		(5,079)
Net assets released from restrictions for capital purposes		(6,618)		(260)
Increase in net assets with donor restrictions		(3,034)		4,543
Increase (decrease) in net assets		152,986		(165,952)
Net assets				
Beginning of year		2,866,604		3,235,395
End of period	\$	3,019,590	\$	3,069,443

Consolidated Statements of Cash Flows For the three month periods ended March 31, 2023 and 2022

Unaudited March 31, 2023Unaudited March 31, 2023Cash flows from operating activities Change in net assets\$ 152,986\$ (165,952)Adjustments to reconcile change in net assets to net cash provided by operating activities46,22045,926Depreciation and amortization46,22045,926Gain on disposal of property, plant and equipment761-Noncontrolling interest(110,592)188,262Change in value of swap agreements1,1871,876Amortization of deferred financing costs and bond premium/discounts(688)6588)Amortization of deferred financing costs and bond premium/discounts(114)(182)Contributions restricted for capital(7,232)(172)Contributions restricted for parment investments(114)(182)Changes in assets and liabilities(114,64007)(45,926)Increase in net patient accounts receivable(17,873)(31,765)Increase in inet patient accounts receivable(17,873)(11,254)Cash flows from investing activities(57,670)(112,544)Purchases of investments(19,890)-Repayment fo loan receivables due from AHSIC689-Proceeds from sales of investments(19,492)(7,116)Proceeds from sales of investments(19,492)(7,116)Proceeds from sales of investments(19,492)-Proceeds from sales of investments(19,492)(7,116)Proceeds from sales of investments(19,492)-Cash flows from finan	For the three month periods ended March 31, 2023 and 2022				
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Purchases of investments(194,924)(7,116)Proceeds from sales of investments208,3612,216Intercompany loan issued to AHSIC(19,890)-Repayment of loan receivables due from AHSIC589-Additions to property, plant and equipment(56,142)(40,722)Net cash used in investing activities(62,006)(45,622)Cash flows from financing activitiesPrincipal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891	Cash flows from investing activities				
Proceeds from sales of investments208,3612,216Intercompany loan issued to AHSIC(19,890)-Repayment of loan receivables due from AHSIC589-Additions to property, plant and equipment(56,142)(40,722)Net cash used in investing activities(62,006)(45,622)Cash flows from financing activitiesPrincipal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891	-		(194,924)		(7,116)
Intercompany loan issued to AHSIC(19,890)-Repayment of loan receivables due from AHSIC589-Additions to property, plant and equipment(56,142)(40,722)Net cash used in investing activities(62,006)(45,622)Cash flows from financing activitiesPrincipal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891	Proceeds from sales of investments		. ,		. ,
Repayment of loan receivables due from AHSIC589Additions to property, plant and equipment(56,142)Net cash used in investing activities(62,006)Cash flows from financing activities(62,006)Principal payments on long-term debt(834)Contributions restricted for capital7,362Contributions restricted for permanent investments114262Net cash provided by financing activities6,642Cash and cash equivalents, beginning of year680,644868,891	Intercompany loan issued to AHSIC				-
Additions to property, plant and equipment(56,142)(40,722)Net cash used in investing activities(62,006)(45,622)Cash flows from financing activities(834)-Principal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891			• •		-
Net cash used in investing activities(62,006)(45,622)Cash flows from financing activities(834)-Principal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891			(56,142)		(40,722)
Principal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891			• •		. ,
Principal payments on long-term debt(834)-Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891	Cash flows from financing activities				
Contributions restricted for capital7,362-Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891	-		(834)		-
Contributions restricted for permanent investments114262Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891			. ,		-
Net cash provided by financing activities6,642262Increase in cash and cash equivalents(113,034)(157,904)Cash and cash equivalents, beginning of year680,644868,891					262
Cash and cash equivalents, beginning of year <u>680,644</u> 868,891					
	Increase in cash and cash equivalents		(113,034)		(157,904)
Cash and cash equivalents, end of the period \$567,610 \$710,987	Cash and cash equivalents, beginning of year		680,644		868,891
	Cash and cash equivalents, end of the period	\$	567,610	\$	710,987

For the three month periods ended March 31, 2023 and 2022

OMC 513 504 NMC 148 148 CMC 260 260 HMC 111 111 Total Acute Care 1,767 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 4855 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145 1,145		Period Ended March 31,		
MMC 735 735 OMC 513 504 NMC 148 148 CMC 260 260 HMC 111 111 Total Acute Care 1,767 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 20022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371		2023	2022	
OMC 513 504 NMC 148 148 CMC 260 260 HMC 111 111 Total Acute Care 1,767 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	Licensed Beds (1)			
NMC 148 148 CMC 260 260 HMC 111 111 Total Acute Care 1,767 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145 1,145 1,145	MMC	735	735	
CMC 260 260 HMC 111 111 Total Acute Care 1,767 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 4,838 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	OMC	513	504	
HMC Total Acute Care 111 111 1,767 111 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145 1,145	NMC	148	148	
Total Acute Care 1,767 1,758 Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	CMC	260	260	
Admissions MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	HMC	111	111	
MMC 10,625 10,050 OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 1,459 1,4838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145 1,145	Total Acute Care	1,767	1,758	
OMC 5,577 5,274 NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	Admissions			
NMC 2,022 1,969 CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 4,838 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	MMC	10,625	10,050	
CMC 2,055 1,868 HMC 936 926 Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 Admissions + Observations 4,838 4,122 Admissions + Observations MMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	OMC	5,577	5,274	
HMC Total Acute Care 936 926 Observations 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 Admissions + Observations 4,838 4,122 MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	NMC	2,022	1,969	
Total Acute Care 21,215 20,087 Observations MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 Admissions + Observations 4,838 4,122 MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	CMC	2,055	1,868	
MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	HMC	936	926	
MMC 1,989 1,659 OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	Total Acute Care	21,215	20,087	
OMC 1,197 951 NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,371 CMC 3,052 2,759 HMC 1,136 1,145	Observations			
NMC 455 402 CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	MMC	1,989	1,659	
CMC 997 891 HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	OMC	1,197	951	
HMC 200 219 4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	NMC	455	402	
4,838 4,122 Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 0,000	CMC	997	891	
Admissions + Observations MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	HMC	200	219	
MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145		4,838	4,122	
MMC 12,614 11,709 OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145	Admissions + Observations			
OMC 6,774 6,225 NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145		12,614	11.709	
NMC 2,477 2,371 CMC 3,052 2,759 HMC 1,136 1,145				
CMC 3,052 2,759 HMC 1,136 1,145		,		
HMC <u>1,136</u> 1,145				
	-		24,209	

AHS Hospital Corp. For the three month periods ended March 31, 2023 and 2022

		Period Ended March 31,	
		2023	2022
Patient Dag	ys		
	MMC	58,653	54,412
	OMC	27,398	26,266
	NMC	11,382	11,390
	CMC	10,266	9,291
	HMC	4,826	4,634
	Total Acute Care	112,525	105,993
Average Le	ength of Stay		
	Acute Avg LOS	5.3	5.3
npatient S	-		
	MMC	3,255	2,931
	OMC	1,074	1,054
	NMC	204	191
	CMC	290	288
	HMC	175	158
		4,998	4,622
Outpatient	Surgeries		
	MMC (2)	5,791	5,251
	OMC	2,923	2,459
	NMC	647	493
	CMC	1,072	1,110
	HMC	301	231
		10,734	9,544
Total Surge	eries		
	MMC	9,046	8,182
	OMC	3,997	3,513
	NMC	851	684
	CMC	1,362	1,398
	HMC	476	389
		15,732	14,166

For the three month periods ended March 31, 2023 and 2022

	Period Ended March 31,		
	2023	2022	
Outpatient Visits (3)			
MMC	193,251	201,447	
OMC	78,620	75,248	
NMC	25,638	23,729	
CMC	32,080	30,255	
HMC	18,766	17,849	
	348,355	348,528	
Emergency Room Visits (4)			
MMC	26,119	22,615	
OMC (5)	25,500	20,489	
NMC	8,698	8,155	
CMC	11,190	9,658	
HMC	5,366	4,738	
	76,873	65,655	
Deliveries (6)			
MMC	1,197	1,193	
OMC	592	608	
NMC	145	126	
CMC	159	132	
HMC	-	-	
	2,093	2,059	
HomeCare Visits	58,283	54,209	
Full time equivalents (7) Hospital divisions, AVN, and AMG	16,013	14,857	

Notes:

(1) Excludes newborn bassinets.

(2) Includes outpatient surgeries from 111 Madison Ave and Rockaway.

- (3) 1,403 COVID vaccinations during YTD Mar 2023 vs. 21,635 for the same period in 2022
- (4) Includes visits resulting in admission.
- (5) Includes ER Visits from Union

(6) Includes multiple births.

(7) Calculation of FTE is as of period end and assumes 37.5-hour work week.

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

1. Organization

AHS Hospital Corp. and subsidiaries (the "Hospital") is a New Jersey not-for-profit entity comprised of five hospital facilities, the Morristown Medical Center ("Morristown Division" or "MMC"), the Overlook Medical Center ("Overlook Division" or "OMC"), the Newton Medical Center ("Newton Division" or "NMC"), the Chilton Medical Center ("Chilton Division" or "CMC"), and the Hackettstown Medical Center ("Hackettstown Division" or "HMC"). Atlantic Visiting Nurse ("AVN"), which provides comprehensive home health and hospice and palliative care services as well as adult day care services and various community health services, is also included within the Hospital. Each of the above operate as divisions within Hospital Corp. and not as separate corporations. Also, included in the Hospital is the Foundation for the Morristown Medical Center ("MMCF"), a wholly owned subsidiary and not-for-profit fundraising organization. The Hospital is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code.

The Hospital provides regional health care services including a broad range of adult, pediatric, obstetrical/gynecological, psychiatric, oncology, intensive care, cardiac care and newborn acute care services to patients from the counties of Morris, Essex, Passaic, Sussex, Bergen, Hunterdon, Union, Warren and Somerset in New Jersey, Pike County in Pennsylvania and southern Orange County in New York. The Hospital is also a regional health trauma center that provides tri-state coverage and provides numerous outpatient ambulatory services, rehabilitation and skilled care and emergency care.

Also included in the Hospital is Practice Associates Medical Group doing business as Atlantic Medical Group, P.A. ("AMG"), the captive physician practice serving all of the Hospital divisions. It is a nonprofit corporation and an organization described in Section 501(c)(3) of the Internal Revenue Code. Originally formed to provide billing and collection services for fees generated by physicians employed by the hospital divisions, AMG now serves as a physician-governed group practice entity with over 1,500 providers. AMG supports the Hospital by improving consistency, enhancing collaboration among those delivering care and optimizing care system operations.

MMCF solicits funds in its general appeal to primarily support the Morristown Division and the community as MMCF's Board may deem appropriate. The by-laws of MMCF were amended on November 19, 2015, to provide that funds received by MMCF after the date of the amendment may be used for the benefit of Atlantic Health System, Inc. (the "Parent") and the Hospital, including all subsidiaries, upon approval of the Executive Committee of the Board of MMCF.

In June 2019, Atlantic Rehabilitation Institute ("ARI") began operations under a joint venture between the Hospital and Kindred Healthcare. ARI is a two-story, 38-bed rehabilitation facility, located in Madison, NJ and provides patient-focused rehabilitation dedicated to the treatment and recovery of individuals through intensive specialized rehabilitation services for patients who have experienced a loss of function from an injury or illness. The Hospital contributed the existing rehabilitation business for a 55% ownership investment of \$6,618. The Hospital consolidates the joint venture's operations and records an adjustment for the noncontrolling interest within other changes in net assets without donor restrictions on the consolidated statements of operations and separates Kindred's equity as noncontrolling interest within net assets without donor restrictions on the consolidated balance sheet.

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

The Hospital is a wholly controlled subsidiary of the Parent, a not-for-profit organization. The Parent wholly owns the following for-profit entities; Atlantic Health Management Corp., a forprofit holding company, which owns AHS Investment Corporation and Subsidiaries ("AHSIC"), AHS Insurance Company, Ltd. (the "Captive"), a for-profit insurance company licensed under the provisions of the Cayman Islands Insurance Law; AHS Health Network LLC, a for-profit established to provide a vehicle to report risk contracting under the requirements of the banking and insurance regulations; Primary Care Partners, LLC and Atlantic Health Partners, LLC, forprofit physician practice entities; and AHS ACO, LLC ("ACO") and Care Better ACO LLC, forprofit limited liability companies established for the purpose of participating in the Medicare Shared Savings Program under the Patient Protection and Affordable and Accountable Care Act of 2010 as well as participating in shared savings programs with certain commercial carriers. AHSIC holds real estate interests and manages health care businesses including magnetic resonance imaging, durable medical equipment, and private duty home care services. The Captive's principal activity is to provide for professional and commercial general liability insurance to the Parent and its subsidiaries beginning January 1, 2002. In addition, the Parent wholly owns the following notfor-profit entities: Atlantic Ambulance Corp., a not-for-profit company established to provide emergency and nonemergency medical transportation to the Parent and its subsidiaries; North Jersey Health Care Properties which owns commercial buildings; Prime Care, Inc. which provides various wellness, health education and other health services; and Newton Medical Center Foundation, Inc. ("NMCF") and the Chilton Medical Center Foundation, Inc. ("CMCF"), both notfor-profit fund-raising organizations for the benefit of their respective Hospital Divisions.

The Overlook Foundation ("OF") and the Foundation for the Hackettstown Medical Center ("HMCF") are not-for-profit fundraising organizations affiliated with the Overlook and Hackettstown Divisions, respectively, however, they are not controlled subsidiaries of the Parent or the Hospital.

In June 2013, the Parent signed an Operating Agreement with Hunterdon Healthcare System to form a jointly-owned health care alliance, Midjersey Health Alliance, LLC ("MHA"). The purpose of the organization is to form a regional healthcare alliance to improve and enhance the scope, quality and cost-effectiveness of health care services in Hunterdon, Somerset, Mercer and Warren counties while developing sound economic and financial solutions to health care issues affecting all patients, providers and healthcare organizations and moving toward clinical integration. Each system will retain its independence but will create clinical and economic efficiencies to reduce health care costs.

On October 21, 2020, the Parent and CentraState Healthcare System ("CentraState"), a nonprofit health system with a continuum of care operating one acute care hospital in Freehold, New Jersey in Monmouth County, reached a Definitive Agreement to expand their partnership to create a comembership model for the Parent and CentraState. Effective January 1, 2022, the Parent and CentraState completed their newly expanded partnership, creating a unique model for health system co-ownership under which the Parent became the 51% majority corporate member in CentraState and CentraState joined the System's network of care. The partnership is structured to deliver benefits to patients, physicians, and caregivers in CentraState's communities by strengthening its integrated clinical services, physician network and infrastructure through capital investments. The transaction was accounted for by the Parent in accordance with ASC Topic 958-805, Not-for-profit Entities: Business Combinations. No consideration was exchanged to complete the partnership.

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

2. Basis of Presentation

The consolidated financial statements included herein are unaudited and include all adjustments (consisting of normal recurring adjustments), which are, in the opinion of management, necessary for a fair presentation of the financial position and results of operations. Certain information and footnote disclosures normally included in financial statements prepared in accordance with generally accepted accounting principles have been omitted. These financial statements should be read in conjunction with the Hospital's audited financial statements for the years ended December 31, 2022 and 2021.

In June 2016, the FASB issued ASU 2016-13, Financial Instruments – Credit Losses: Measurement of Credit Losses on Financial Instruments. The previous standard delays the recognition of a credit loss on a financial asset until the loss is probable of occurring. The new standard removes the requirement that a credit loss be probable of occurring for it to be recognized, and requires entities to use historical experience, current conditions, and reasonable and supportable forecasts to estimate their future expected credit losses. The standard is required to be applied using the modified retrospective approach with a cumulative-effect adjustment to net assets, if any, upon adoption. This ASU is effective for the Hospital for fiscal years beginning after December 15, 2022. The Hospital is currently evaluating the impact of the standard on the consolidated financial statements.

Other revenue in the consolidated statements of operations are those amounts the Hospital derives from physician practice revenue, cafeteria sales, parking lot revenue, purchase discounts and various other miscellaneous receipts. Physician services are billed at professional rates tied to contracts for visits and procedures done in the physician office setting. The Hospital determines estimates for implicit price concessions, in accordance with ASC 606 *Revenue from Contracts with Customers,* based on its historical collection experience with every class of patients/payers, including run rates for denials, as well as instances where self-pay patients in process of being screened for Medicaid (which has lower reimbursement rates). During the three month period ended March 31, 2023, the impact of changes to inputs used to determine the transaction price for physician practice and other revenues was considered immaterial to the current period. Physician practice revenues amounted to \$121,467 and \$111,840 for the three month periods ended March 31, 2023, respectively.

Physician practice revenue by payer for the three month periods ended March 31, 2023 and 2022, respectively, is as follows:

	March 31, 2023	March 31, 2022
Medicare	22.4 %	25.2 %
Medicaid	0.2	0.3
Managed Care and other third party payers	77.2	74.0
Self Pay	0.2	0.5
	100.0 %	100.0 %

3. Net Patient Service Revenue

The components of net patient service revenue for the three month periods ended March 31, 2023 and 2022 are as follows:

	March 31, 2023		March 31, 2022
Gross charges			
Inpatient	\$	2,168,499	\$ 1,980,465
Outpatient		2,150,213	1,832,649
Total gross charges		4,318,712	 3,813,114
Net additions (deductions) from gross charges			
Contractual discounts and implicit price concessions		(3,455,075)	(3,029,815)
Charity care discount		(37,685)	(32,724)
Charity care subsidy		2,729	2,673
Special mental health subsidy		90	90
		(3,489,941)	 (3,059,776)
Net patient service revenue	\$	828,771	\$ 753,338

The Hospital recorded \$25,280 and \$26,752 of implicit price concessions as a direct reduction of patient service revenues during the three month periods ended March 31, 2023 and 2022, respectively.

The mix of patient service revenue, net of contractual discounts and implicit price concessions from patients and third-party payers for the three month periods ended March 31, 2023 and 2022 is as follows:

	March 31, 2023	March 31, 2022
Medicare	26.3	% 23.9 %
Medicaid	0.8	0.8
Managed Care and other third party payers	72.3	74.7
Self Pay	0.3	0.2
Charity	0.3	0.4
	100.0	% 100.0 %

4. Federal Legislative Relief Funds

In April 2020, the Hospital received \$341,166 in Medicare advances. The recoupment period for the Hospital's Medicare advances commenced one year after receipt of the advances (April 2021) and occur via offsets to Medicare payments. The offset commenced at 25% of Medicare payments for the first eleven months of the recoupment period, and then increased to 50% of Medicare

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

payments for the next six months (starting March 2022). The Hospital has presented its total Medicare advances within current and noncurrent liabilities on the consolidated balance sheet as of December 31, 2022 and 2021, which was fully repaid as of March 31, 2023.

During 2022, the Hospital applied for and received approval for the reimbursement of qualifying expense under FEMA. For the three month period ended March 31, 2023, the Hospital recognized \$12,402 of FEMA funds within operating revenue in the consolidated statement of operations. No funding had been received as of the three month period ended March 31, 2022. FEMA can and does retrospectively adjust grant distribution formulas and may adjust funding already received which may impact the amount the Hospital has recorded for the three month period ended March 31, 2023, in future financial statement periods.

5. Pension Plan Contribution

The Hospital contributed \$15,000 to the cash balance pension plan during the three month periods ended March 31, 2023 and 2022. The service cost component of annual pension expense for the year ended December 31, 2023 is expected to be \$32,173, as compared to \$37,296 for the year ended December 31, 2022.

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

6. Assets Limited as to Use

Assets limited as to use at March 31, 2023 and December 31, 2022, consist of the following:

	March 31, 2023		De	cember 31, 2022
Board designated				
Short-term investments including money market funds	\$	333,141	\$	331,447
Mutual funds		2,086,936		1,975,789
Alternative investments - equity		163		163
		2,420,240		2,307,399
Under bond indenture agreements Short-term investments including money market funds				
Interest account		1,908		21,301
Principal account		9,238		7,153
Debt service reserve fund		664		665
		11,810		29,119
Total assets whose use is limited		2,432,050		2,336,518
Less, assets limited as to use and are required for current				
liabilities		117,073	-	117,073
Noncurrent assets limited as to use	\$	2,314,977	\$	2,219,445

Assets limited as to use under bond indenture agreements represent certain funds that are controlled by trustees for as long as any of the bonds remain outstanding. These funds, including interest income, are held by bank trustees who administer the trusts as required under the bond indenture agreements.

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

7. Long-Term Investments and Other Assets

Long-term investments and other assets at March 31, 2023 and December 31, 2022 are as follows:

	March 31, 2023	December 31, 2022
Long-term investments		
Money market funds	\$ 458	\$ 2,744
Mutual funds	73,546	70,627
Alternative investments - equity	3,992	3,600
	77,996	76,971
Other assets		
CentraState intercompany loan	103,497	103,497
AHSIC intercompany loans	57,952	39,045
Professional and general liability insurance recoveries	102,337	102,337
Workers compensation liability insurance recoveries	4,500	4,500
Due from Overlook Medical Center Foundation	43,100	49,263
Due from Newton Medical Center Foundation	3,093	3,093
Due from Chilton Medical Center Foundation	6,534	6,534
Due from Hackettstown Medical Center Foundation	2,308	2,308
Venture capital private equity funds	12,863	11,576
Equity method investments	6,629	6,749
Beneficial interest in trusts	2,042	2,042
Other	12,874	13,405
	357,729	344,349
Total long-term investments and other assets	\$ 435,725	\$ 421,320

On August 17, 2022, the Hospital entered into a secured loan agreement with CentraState in the amount of \$103,497, whereby the proceeds were utilized by CentraState to pay off or legally defease all of its financed obligations as of that date. CentraState will pay interest to the Hospital monthly at a fixed rate of 3.21% with the full principal amount due to the Hospital on May 17, 2037. The loan is collateralized by the gross receipts of CentraState as well as its owned properties. In addition, certain financial covenants must be maintained by CentraState.

The Hospital accrues an estimate of the ultimate cost of claims under all insurance policies whether the policy is fully insured or a self-insurance policy, with any insurance recoverable under such policies recorded as a receivable. As of March 31, 2023 and December 31, 2022, the Hospital has recorded \$102,337, in other long-term assets for professional and general liability insurance recoveries. A corresponding liability for the above is recorded within accrued employee benefits and other in the consolidated balance sheets. The Hospital also recorded \$4,500 for workers compensation liability insurance recoveries at March 31, 2023 and December 31, 2022. As of March 31, 2023 and December 31, 2022, the Hospital recorded liabilities related to workers

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

compensation claims totaling \$22,921 and \$21,700, respectively, within accounts payable and accrued expenses in the consolidated balance sheets.

Due from Overlook, Newton, Chilton and Hackettstown Medical Center Foundations relate to the amounts due from the Foundations for contributions received by the Foundations on behalf of the Overlook, Newton, Chilton and Hackettstown Divisions. The Foundations solicit funds in their general appeal to support the Hospital and for other health care purposes as the respective Foundation's individual Board of Trustees may deem appropriate. In the absence of donor restrictions, the Foundations' have discretionary control over the amounts to be distributed to the providers of health care services, the timing of such distributions, and the purposes for which such funds are used. The assets held at the affiliated foundations are comprised primarily of cash and cash equivalents, marketable equity securities and debt securities.

8. Long-Term Debt and Interest Rate Swaps

The Hospital is the sole member of the obligated group as defined in and established under the Master Trust Indenture. Neither the Parent nor any of its affiliates is liable to make any payment with respect to the bonds or any other obligations under the Master Indentures. Under the terms of the Master Trust Indenture, the Hospital is required to maintain certain deposits with a trustee, which are included with assets limited as to use in the consolidated balance sheets. The Master Trust Indenture also contain provisions whereby certain financial ratios are to be maintained and permit additional borrowings subject to the maintenance of specific financial ratios. The most restrictive covenant is for the Hospital to maintain a debt service coverage ratio in each year of at least 1.2 times the debt service requirement on all long-term debt in that year. The Hospital is compliant with its financial covenants at March 31, 2023 and December 31, 2022.

On May 31, 2022, the Hospital entered into a \$100,000 taxable loan agreement with a commercial bank. The loan proceeds are to be used for general corporate purposes. Principal and interest, at a fixed rate of 3.21% on the outstanding balance, are due quarterly commencing September 1, 2022, with the remaining unpaid principal in the amount of approximately \$50,833 due and payable on May 31, 2037. The agreement contains provisions whereby certain financial ratios are to be maintained which mirror those of the Hospital's outstanding tax-exempt bond covenants. Subsequently, the Hospital entered into a secured loan agreement with CentraState to enable CentraState to pay off or legally defease all if its financed obligations as of that date.

On January 27, 2021, the Hospital issued \$450,000 Series 2021 Fixed Rate Taxable Bonds, the proceeds of which will be used for eligible corporate purposes of the Hospital and its affiliates. In addition, a portion of the proceeds were used to pay the costs of issuance. The Hospital also utilized the proceeds of the bonds to repay \$50,000 that was outstanding on its \$200,000 revolving line of credit. The agreement contains provisions whereby certain financial ratios are to be maintained which mirror those of the Hospital's outstanding tax-exempt bond covenants.

On April 21, 2020, the Hospital entered into a \$200,000 revolving credit agreement with a commercial bank to provide for additional liquidity due the uncertainties created by the COVID-19 pandemic. The line incurs interest at a rate of SOFR adjusted by 0.65% per annum on the amount drawn. Additionally, the line incurs a monthly fee of 0.10% on the unused portion of the line of credit. There were no amounts drawn on the line as of either March 31, 2023 or December 31, 2022. The line is set to mature in April 2024. The line of credit contains provisions whereby certain

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

financial ratios are to be maintained which mirror those of the Hospital's outstanding tax-exempt bond covenant.

In October 2016, the Hospital issued \$224,800 Series 2016 Fixed Rate Tax-exempt Revenue Bonds through the NJHCFFA. The proceeds were used to refund a portion of the principal of its outstanding Revenue Bonds issued through the NJHCFFA in the amount of \$114,255 (Series 2008A) and \$120,115 (Series 2011), and to pay all of the cost of issuance in the amount of \$1,782. In addition, the NJHCFFA released \$14,260 of the Hospital's debt service reserve fund in connection with the bond refunding to pay down a portion of the aforementioned outstanding principal on the Series' 2008A and 2011 bonds.

In May 2015, the Hospital issued \$200,000 Series 2015 Fixed Rate Taxable Bonds, the proceeds of which are to be used for eligible corporate purposes of the Hospital and its affiliates. In addition, a portion of the proceeds were used to pay the costs of issuance. Effective August 2017, the Hospital executed a "tap" on the Series 2015 Fixed Rate Taxable Issuance for an additional \$225,000. The Hospital received total proceeds of \$268,023, which included a premium of \$43,023. The agreement contains provisions whereby certain financial ratios are to be maintained which mirror those of the Hospital's outstanding tax-exempt bond covenants.

In December 2013, the Hospital entered into a \$50,000 taxable loan agreement with a commercial bank. The majority of the proceeds were used to legally defease Chilton Division's NJHCFFA Series 2009 Revenue Bonds, which were assumed by the Hospital in2014, concurrent with the merger. The agreement contains provisions whereby certain financial ratios are to be maintained which mirror those of the Hospital's outstanding tax-exempt bond covenants.

In May 2008, the Hospital issued, through the NJHCFFA, \$177,110 Series 2008A Revenue Bonds (Fixed Rate) and \$177,110 Series 2008B and 2008C Revenue Bonds (Variable Rate), collectively referred to as the 2008 Bonds, to pay in full the Hospital's obligations under the interim method of financing enabling the Hospital to redeem all of its outstanding bond issues and terminate a portion of its related swaps for the Series 2003, 2004, 2006 and 2007 Revenue Bonds. The proceeds of the 2008 Bonds were also used to pay the costs of issuance of the 2008 Bonds. The Series 2006 and Series 2007 Revenue Bonds were issued in part to pay for the costs of certain capital projects of the Hospital and construction trustee funds were set up for disbursement for the payment of such costs. Amounts equal to the amounts on deposit in such construction funds were deposited with the trustee for the 2008 proceeds to complete those projects. In connection with the issuance of the Series 2016 Refunding Bonds noted above, \$114,255 of the outstanding principal was refunded in October 2016.

The 2008 Variable Rate Bonds bear interest at weekly rates as determined by the remarketing agent. In the event that the purchase price of the corresponding Series of the Variable Bonds are not remarketed at the corresponding principal amount of such Series, the Variable Bonds are backed by a separate, irrevocable direct pay letters of credit by two banks, each expiring January 2026.

On April 9, 2008, the Hospital unwound and reissued two new barrier swaps: the 2008 Swap and the 2004 Swap.

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

The 2008 Swap was resissued in place of the 2006A Swap when the Series 2006A Revenue Bonds were redeemed. This was a noncash transaction. The original notional amount of the swap was \$91,550 subject to reduction in the principal amortization of a portion of the Hospital's Series 2008 variable rate debt and will expire on July 1, 2036, with an annual fee of 0.51%. The notional amount of the swap at March 31, 2023 and December 31, 2022, was \$87,400. Under the terms of the swap agreement, if the Securities Industry and Financial Markets Association ("SIFMA"), formerly known as the Bond Market Association, Municipal Swap Index, exceeds 4.05% for 90 days, the Hospital will pay a fixed rate of 4.00% in addition to the annual fee of 0.51%. The Hospital will then receive 68% of LIBOR and pay the counterparty 4.00%. Currently the swap is treated as an ineffective swap for accounting purposes until SIFMA exceeds 4.05% for 90 days, at that time the swap will be tested to determine if it qualifies as a cash flow hedge.

The 2004 Swap was reissued in place of the 2004 Swap when the Series 2003 and 2004 Revenue Bonds were redeemed. This was a noncash transaction and there were no changes to the terms of the swap. The notional amount of the swap was \$97,525, subject to reduction in the principal amortization of a portion of the Hospital's Series 2008 variable rate debt and will expire on July 1, 2025, with an annual fee of 0.52%. The notional amount of the swap agreement, if SIFMA exceeds 4.05% for 90 days, the Hospital will pay a fixed rate of 4.00% in addition to the annual fee of 0.52%. The Hospital will then receive 68% of LIBOR and pay the counterparty 4.00%. Currently the swap is treated as an ineffective swap for accounting purposes until SIFMA exceeds 4.05% for 90 days, at that time the swap will be tested to determine if it qualifies as a cash flow hedge.

The following table presents the swap liabilities, recorded in accrued employee benefits and other, net of current portion, as of March 31, 2023 and December 31, 2022:

2008 interest rate swap	March 31, 2023		December 31, 2022	
	\$ 8,437	\$	7,240	
2004 interest rate swap	115		125	

Notes to Consolidated Financial Statements (Dollar amounts in thousands)

The following table sets forth the effect of the interest rate swap agreements on the consolidated statements of operations for the three month periods ended March 31, 2023 and 2022:

	Amount of (loss) gain recognized in the performance indicator				
	March 31, 2023		March 31, 2022		
Derivative in Non-Hedging Relationship					
Non operating (loss) gains, net					
2008 interest rate swap	\$	(1,197)	\$	(1,899)	
2004 interest rate swap	\$	10	\$	23	

In accordance with the above swap agreements, the Hospital is required to fund a cash collateral account if the market value of the combined swaps exceeds the trigger amount of \$12,000. As of March 31, 2023 and December 31, 2022, the combined market value of the swaps was below the trigger and as such, no collateral was required by the counterparty.

9. Commitments and Contingencies

The Hospital is subject to complaints, subpoenas, claims and litigation which have risen in the normal course of business. In addition, the Hospital is subject to reviews and investigation by various federal and state government agencies to assure compliance with applicable laws, some of which are subject to different interpretations. While the outcome of such matters cannot be determined based upon information available at this time, management, based on advice from legal counsel, believes that any loss which may arise from these actions will not have a material adverse effect on the financial position or results of operations of the Hospital.

10. Subsequent Events

The Hospital performed an evaluation of subsequent events through May 15, 2023, the date that these unaudited consolidated financial statements were issued. No subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements.