CN20-10 #IAm Samaritan

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November 6, 2019

NOV 25 2019

CERTIFICATE OF NEED PROGRAM DEPARTMENT OF HEALTH

Nancy Tyson, Executive Director Health Facilities and Certificate of Need Washington State Department of Health 111 Israel Road S.E. Tumwater, WA 98501

Dear Ms. Tyson:

Enclosed please find a copy of Grant County Public Hospital District No.1 d/b/a Samaritan Healthcare's certificate of need application proposing to replace the current hospital at a new location in Moses Lake.

Also enclosed is the appropriate review and processing fee of \$40,470.00.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Theresa C Sullian

Theresa Sullivan, MBA, FACHE CEO Samaritan Healthcare

Samaritan Hospital 801 E. Wheeler Road Moses Lake, WA 98837 509.765.5606 Fax: 509.764.3236 Samaritan Clinic 1550 S. Pioneer Way Moses Lake, WA 98837 509.793.9770

SamaritanHealthcare.com



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

APPLICATION FOR A CERTIFICATE OF NEED

Hospital Projects (excluding Sale, Purchase or Lease of a Hospital, Nursing Home Related Projects, and CCRC Related Projects)

Certificate of Need applications must be submitted with a fee in accordance with WAC 440-44-030 and the instructions on page 2 of this form.

Application is made for a Certificate of Need in accordance with provisions of Chapter 70.38 RCW and Rules and Regulations adopted the Department (WAC 248-19) State of Washington. I hereby certify that the statements made in this application are correct to the best of knowledge and belief.

Signature and Title of Responsible Officer	Date: November 6, 2019
Maresa C Sullian	Telephone Number: (509) 765 5606
Theresa Sullivan, MBA, FACHE CEO	
Email Address: tsullivan@samaritanhealthcare.com	
Legal Name of Applicant:	Type of Ownership:
	() Non-Profit
Grant County Public Hospital District No.1 dba	() Proprietary(X) Public Hospital District
Samaritan Healthcare	() State/County
Address of Applicant:	Type of Project: (check all that apply)
	() New Health Care Facility (except nursing homes
	() Capital expenditure over expenditure minimum
801 E. Wheeler Road Moses Lake, WA 98837	() Substantial change in service() Bed capacity change/Redistribution
MOSES Lake, WA 98637	() New Health Service(s)
	() Pre-development Expenditure
	() Major Medical Equipment
	(X) Other: Replacement of Existing Hospital
Intended date of incurring contractual obligation to	Intended date of undertaking project: Upon CN
construction, acquire, lease or finance capital asset:	approval or April 2020, whichever comes first.
April 2020	
Estimated conital	Intended date of beginning to offer services or
Estimated capital	operate completed project: July 2022
	Project Summary: <u>Construct a replacement hospital.</u>
ATTACH NARRATIVE PORTION OF THE	
APPLICATION	



CERTIFICATE OF NEED APPLICATION

REPLACEMENT OF EXISTING HOSPITAL

November 25, 2019

INTRODUCTION

Samaritan has had several conversations with the Department of Health (DOH) about the reviewability of replacement hospitals. On September 25, 2019, Samaritan submitted a Determination of Non-Reviewability (DOR) and, based on its consistent history, fully expected that the CN Program would determine that replacement hospitals do not require prior CN review and approval.

On November 22, 2019, the CN Program issued its determination and concluded that the project proposed by Samaritan is subject to CN review and approval. Samaritan disagrees but is submitting the application at this time to assure that the replacement project is not further delayed.

By way of background and to the knowledge of Samaritan, the Department, has **never** subjected a replacement hospital to prior certificate of need review. In fact, the Department has issued numerous DORs confirming that replacement hospital projects are not subject to certificate of need review. Consistent with Samaritan's proposed replacement project, each of these projects share common characteristics including: no change in licensed bed capacity, no shifting of beds between multiple campuses, no addition of CN reviewable services, no change in the planning area and the existing (replaced) hospital closes.

In addition to the DORs for replacement hospital projects, the Department has historically applied similar standards to other types of health care facilities. The certificate of need statute and regulations provide that the establishment of a new health care facility is subject to review. RCW 70.38.105(4) and WAC 236-310-020(1)(a). Health care facilities include, among other things, hospitals, ambulatory surgical facilities and kidney dialysis facilities. The Department has issued favorable DORs to both ambulatory surgical and kidney dialysis facilities agreeing that a replacement facility is not the establishment of a new facility.

SECTION 1 Applicant Description

A. Legal name(s) of applicant(s).

The legal name of the applicant is Grant County Public Hospital District No. 1, dba Samaritan Healthcare (Samaritan).

B. Name and address of the applicant:

Samaritan's current address is:

801 E. Wheeler Road Moses Lake, WA 98837

C. If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.

This question is not applicable.

D. Provide separate listings of each Washington and out-of-state health care facility, including name, address, Medicare provider number, Medicaid provider number, owned and/or managed by each applicant or by a related party, and indicate whether owned or managed. For each out-of-state facility, provide the name, address, telephone number and contact person for the entity responsible for the licensing/survey of each facility.

Samaritan's provider numbers are:

Medicare Part A: 50-0033 Medicare Part B: G000301394 Medicaid: 1021711

While Samaritan also owns and operates a number of clinics, they are not facilities as defined in WAC 246-310.

E. Facility licensure/accreditation status.

Samaritan is licensed by the State of Washington, and accredited by DNV GL. The current accreditation expires in August 2021.

F. Is the applicant reimbursed, or plans to be reimbursed, for services under Titles V, XVIII and XIX of the Social Security Act?

Samaritan is currently reimbursed for services provided under Titles XVIII and XIX of the Social Security Act.

G. Describe the history of each applicant with respect to criminal convictions related to ownership/operation of health care facility, license revocations and other sanctions described in WAC 248-19-390(5)(a). If there have been no such convictions or sanctions, so state.

The criteria cited above per WAC 248-19-390(5)(a) are now codified at WAC 246-310-230 (5)(a). Samaritan has no history of any of the criminal convictions, revocations or sanctions referenced in the rule.

SECTION 2 Facility Description

A. Name and address of the proposed/existing facility.

The address for Samaritan Healthcare is:

801 E. Wheeler Road Moses Lake, WA 98837

B. Name and address of owning entity at completion of project (unless same as applicant).

The owning entity is the same as the applicant. At completion of the project described in this application, the hospital will be replaced at a new site. The current address is:

801 E. Wheeler Road Moses Lake, WA 98837

Samaritan has acquired six separate, contiguous parcels on which the replacement hospital will be located. No address has been assigned to the six parcels. The tax parcel ID numbers within the City of Moses Lake are: 110074001, 110074000, 090869032, 090869031, 090869025 and 090869030.

- **C.** Provide the following information about the owning entity (unless same as applicant).
 - 1. If out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnership Division, and a chart showing organizational relationships to any related organizations as defined in Section 405.427 of the Medicare Regulations.

This question is not applicable.

2. If out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnership Division, and a chart showing organizational relationships to any related organizations as defined in Section 405.427 of the Medicare Regulations.

This question is not applicable.

D. Name and address of operating entity (unless same as applicant).

The operating entity is the same as the applicant.

E. Geographic identification of primary service area.

The legal boundaries of Grant County Public Hospital District No. 1 include the communities of Moses Lake (98837), Warden (98857) and Marlin (98832). Historically, these communities have comprised nearly 70% of Samaritan's total discharges. The communities from which historically 85-90% of Samaritan's patients reside include Grant County, less the communities in the northernmost part of the County including Grand Coulee and Electric City.

The other Grant county communities comprising the primary service area include Ephrata, Quincy, George, Wilson Creek and Soap Lake.

NOTE: While Samaritan is not proposing any addition of beds, the *Washington State Health Plan's Acute Care Bed Need Projection Methodology* identifies the planning area for this project as the Grant County Hospital Planning Area (Grant County), and as such, for this application we have used Grant County as the project's primary service area.

F. Peer Group.

This question is no longer applicable.

G. List physician specialties represented on active medical staff and indicate number of active staff per specialty.

Samaritan has approximately 180 providers on the active medical staff. Exhibit 1 includes listing of the active medical staff by specialty.

H. List all other generally similar providers currently operating in the primary service area.

Samaritan held a technical assistance (TA) visit and several phone calls with CN Program staff in October and November of 2018 regarding this project. Among other points, the then Program Manager, Ms. Janis Sigman, stated explicitly that only hospitals—other entities operating acute care beds in Grant County—can be affected persons (because they offer similar services in the same planning area).

Therefore, and in addition to Samaritan, which is recognized by CMS as a sole community hospital (SCH), there are three other hospitals in the County¹. Each of these hospitals is a critical access hospital (CAH) and so is not truly "similar" to Samaritan. Samaritan enjoys a strong and very collegial relationship with these three hospitals, which include:²

- Grant County Public Hospital District No 2, Quincy Valley Medical Center
- Grant County Public Hospital District No. 4, Columbia Basin Hospital
- Douglas, Grant, Lincoln, Okanogan Counties Public Hospital District No. 6, Coulee Medical Center

I. For existing hospitals, provide:

Inpatient days/year for the last 5 years Total licensed bed capacity at present Average number of set-up beds in the last twelve months

Table 1 details Samaritan's inpatient days over the period of 2014-2019.

¹ CMS classifies a hospital as a sole community hospital if it, among other requirements, is located more than 35 miles from other like hospitals, or it is located in a rural area (as defined in § 412.64) and is located between 25 and 35 miles from other like hospitals.

² Samaritan held technical assistance meetings with CN Program staff on October 17, 2018 and November 2, 2018. Additional meetings were and conference calls were held throughout 2019.

<i>.</i>	amaritan ricatticare rotar Discharges and ratient Days 2014-2017					
		Total		% Change in		
	СҮ	Discharges	Days	Days from Prior Year		
	2014	2,813	7,690	NA		
	2015	2,800	7,423	-3.5%		
	2016	2,898	7,848	5.7%		
	2017	2,933	8,378	6.8%		
	2018	3,061	8,867	5.8%		
	2019 Annualized	3,185	9,808	10.6%		

 Table 1

 Samaritan Healthcare Total Discharges and Patient Days 2014-2019³

Source: CHARS, Total excludes newborns, psych and rehab. 2019 is internal data.

The licensed bed capacity of Samaritan is 50, and the average set-up beds in the past 12 months have been 48.

J. If this project involves construction of 12,000 square feet or more, or construction associated with parking for forty or more vehicles, submit a copy or either an Environmental Impact Statement or a Declaration of Non-Significance from the appropriate governmental authority.

This project involves the construction of more than 12,000 square feet and will require a SEPA/DNS. The project also requires a Conditional Use Permit (CUP). Samaritan will begin the application process to obtain a CUP in January 2020 and expects to have all appropriate permits by June 2020.

We understand that the Program will issue an "intent to issue" a CN until such time as the SEPA requirements are met.

³Please note that 2013-2016 are adjusted for underreporting.

SECTION 3 Project Description

A. Describe the proposed project. This description should include discussion of any proposed conversion or renovation of existing space to other purposes, as well as the construction of new facility space. Also specify any unique services being proposed.

Samaritan is a 50-bed hospital, and as noted earlier, due to our mix of services and the lack of similar providers in Grant and adjoining counties, we have been designated by CMS as a sole community hospital (SCH).

This application simply proposes the replacement of the current hospital, a 50 bed general acute care hospital located in Moses Lake in the Grant County Hospital Planning Area. The hospital, originally built in 1955, is located on 11 acres of land and further expansion at the current site is not feasible due to wetlands and other site constraints. Portions of the current hospital building are more than 60 years old, and the last major improvement occurred nearly 20 years ago.

An extensive architectural and engineering analysis completed in 2018 defined infrastructure limitations and capacity issues including structural, electrical, mechanical and plumbing in the existing building. It further found that, by virtue of age, continued code compliance will be both challenging and costly and it found Samaritan to be short of more than 10,000 square feet to address even today's demand.

Located in a growing planning area, the publicly elected board of commissioners determined that the hospital's facilities must be updated to ensure access to high quality services both for Moses Lake residents and those rural communities that rely on the hospital. While the replacement hospital will not increase in number of beds, it will provide much needed expansion space for existing essential services such as the emergency department, surgical services and imaging.

Samaritan purchased undeveloped land approximately two and one-half miles away from the existing hospital and plans to construct a replacement hospital. The material elements of the replacement project include:

- 50 beds (no change in the licensed bed capacity);1
- Samaritan will operate with the same Medicare and Medicaid provider numbers;
- No addition of tertiary or other CN reviewable services
- No change in the planning area
- The existing hospital will close once the replacement hospital opens

Construction of the new hospital will begin by summer 2020. Construction is expected to take approximately 24 months and anticipated opening is expected in July 2022.

The District is located within a growing area of rural Central Washington. Grant County has experienced a more than 9% increase in population over the period of 2010-2018 (compared to less than 6% for all rural Counties in Washington). The 9% growth makes Grant County one of the fastest growing rural Counties in the State (behind Franklin and Kittitas). Recent announcements, such as Boeing's August 2019 announcement regarding employment of several hundred with specific skills, including avionics technicians, aircraft mechanics, airframe and power plant mechanics and aircraft electrician to support the growing fleet of grounded 737 Max jetliners being stored in Moses Lake suggest that strong growth will continue.

Inpatient days at Samaritan have grown even faster than the population. The increase in Samaritan's volumes is attributable to a number of factors the success the District has enjoyed over the past several years related to provider recruitment (with the addition of 30 new providers in the past few years alone). This growth has contributed to increasing market share (more residents staying within Grant County for care).

The replacement hospital is needed to assure that access is preserved, and that as the community continues to grow, residents do not need to travel unnecessarily out of area for care.

1	New Facility or Service (Swing beds)
2. <u>X</u>	Total Replacement of Existing Facility
3	Renovation or Modernization
4	Mandatory Correction of Fire and Life/Safety Deficiencies
5	Substantial Change in Services
6	Expansion/Reduction of Facility
7	Pre-Development Expenditure in Excess of Minimum
8	Other

B. Type of Project (indicate all that apply).

C. If the proposed project involves the purchase of an existing service, identify the present owner(s) of that service.

This project does not involve the purchase of any existing service.

D. Describe any changes in licensed and/or set-up bed capacity by unit/service which are part of this project.

Samaritan is currently licensed for 50 beds, with 48 beds operational throughout 2018. This project does not propose an increase in licensed beds. Table 2 details the change in current and proposed bed capacity by service.

Department/ Unit	Current Beds	Proposed Beds	
Med/Surg	25	25	
Advanced Care/ICU	12	12	
OB	11	13	
Available, but not currently set up	2	NA	
Total	48	50	

Table 2
Samaritan Healthcare
Current and Proposed Bed Configuration by Type

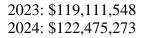
Source: 2018 Department of Health Year End Report

E. Total estimated capital expenditures.

The total estimated capital expenditure is \$150,705,000.

F. Total estimated additional facility-wide operating expense for the first and second years of operation (separately shown).

Total operating expenses associated with the replacement hospital for its first two full years of operation following completion are as follows:



G. General description of types of patients to be served by the project. Describe the extent of any planned limitations to the services offered, either during the initial years of the project or on a permanent basis.

No change in services is proposed. The replacement inpatient beds will provide the same services: medical/surgical, obstetrics and advanced care/intensive care.

H. Projected utilization of service(s) for the first three years of operation following project completion (shown separately). This should be expressed in appropriate workload unit measures (for hospitals, as required in the Accounting and Reporting Manual for Hospitals of the Hospital Commission). RVU measures should also be expressed in procedures units.

Samaritan has conservatively estimated patient days for the initial operating year and the first three full years of operation as detailed in Table 3.

Year	Acute Patient Days	Average Daily Census
2019 Annualized	9,808	26.9
2022 (6 mos. only)	5,030	27.6
2023	10,463	28.7
2024	10,777	29.5
2025	11,100	30.4

Table 3Samaritan Estimated Patient Days and ADC

Source: Applicant, patient days exclude newborns

I. If applicable, include a copy of the functional program.

No functional program exists at this time.

J. Existing sources of patient revenue (Medicare, etc.) with anticipated percentage of revenue of each source.

Existing sources of gross revenue by payer are:

Commercial &Other:	34.0%
Medicare:	32.2%
Medicaid:	30.9%
Self-Pay	<u>2.9%</u>
Total:	100.0%

K. Source(s) of financing.

Samaritan intends to use a combination of reserves and debt. Reserves in the amount of \$10.1 million have already been expended to acquire the property and to fund preconstruction planning fees. For the remainder of project, Samaritan intends to use a combination of USDA Community Facilities Direct and Guaranteed Loan programs as well as Limited Tax General Obligation bonds. Please note that Samaritan has already received notice of eligibility from USDA.

Samaritan completed a competitive RFP process to evaluate the best combination of funding sources and to compare rates and terms among lenders who will assist with the financing. Raymond James was selected as the underwriter for the construction financing through interim notes for the USDA portion and via public, long-term Limited Tax General Obligation Bonds and as placement agent for the USDA Guarantee Loan.

At this time, and for purposes of the pro forma, we have assumed debt at an anticipated average interest rate of is 3.41% with a term of 35 years.

L. Equipment proposed:

1. Description of new and replacement equipment proposed.

A listing of the equipment required for the replacement hospital is included in Exhibit 2. This list details both new equipment and equipment that will be relocated from the existing hospital.

2. Description of equipment to be replaced, including cost of the equipment and salvage value, if any, or disposal or use of the equipment to be replaced.

The salvage value of existing equipment that will not be relocated from the current campus to the replacement hospital is estimated at \$0.

M. Single line drawings at least approximately to scale of <u>current</u> locations which identify current departments and services.

Drawings of the current hospital will be provided in screening.

N. Single line drawings at least approximately to scale of <u>proposed</u> locations which identify proposed services and departments.

Drawings of the replacement hospital are included in Exhibit 3.

O Geographic location of site of proposed project, if other than hospital campus.

1. Indicate the number of acres in the site.

The replacement hospital location's six parcels include 54.56 acres.

2. Indicate the number of acres in any alternate site, if applicable.

The property has been acquired. There is no alternate site.

3. Indicate if the primary site or alternate site has been acquired, if applicable.

This question is not applicable.

4. Address of site.

The post office has not yet assigned a formal address to the parcels. The parcel numbers include: 110074001, 110074000, 90869032, 90869031, 90869025 and 90869030. A map of the property is included as Exhibit 4.

5. If the primary site or alternate site has not been acquired, explain how you will select and acquire a site for the proposed project.

This question is not applicable.

6. Describe any of the following which would currently restrict usage of the proposed site and/or alternate site for the proposed project:

(a) mortgages; (b) liens; (c) assessments; (d) mineral or mining rights; (e) restrictive clauses in the instrument of conveyance; (f) easements and right of ways; (g) building restrictions; (h) water and sewage access (i) probability of flooding; (j) special use restrictions; (k) existence of access roads; (l) access to power and/or electricity sources; (m) shoreline management/environmental impact; (n) others, please explain.

The proposed site does not have any restrictions or encumbrances that will limit the intended use. Samaritan has conducted a phase 1 environmental study as well as initial geotechnical studies. Because Samaritan is pursuing USDA for a portion of the project, we are also required to perform a Cultural Resources Survey, which is currently underway. This survey is an archaeological field survey intended to collect information about the location, distribution and organization of past human cultures on the site.

7. Provide documentation that the proposed site may be used for the proposed project. Include a letter from any appropriate municipal authority indicating that the site for the proposed project is properly zoned for the anticipated use and scope of the project or a written explanation of why the proposed project is exempt.

As noted in response to earlier questions, Samaritan must obtain a CUP. This process will be started in January 2020 with the expectation that by June 2020, the CUP will be issued.

- 8. Provide documentation that the applicant has sufficient interest in the site or facility proposed. Sufficient interest shall mean one of the following:a. clear legal title to the proposed site; or
 - b. lease for at least five years with options to renew for to less than a total of twenty years in the case of a hospital, psychiatric hospital, tuberculosis hospital, or rehabilitation facilities; or
 - c. lease for at least one year with options to renew for not less than a total of five years in the case of freestanding kidney dialysis units, ambulatory surgical facilities, hospices, or home health agencies; or
 - d. legally enforceable agreement to give such title or such lease in the event that a Certificate of Need is issued for the proposed project.

As of May 2019, Grant County Public Hospital District No. 1 holds title to each of six parcels. Exhibit 5 contains information from the Grant County Assessor's office confirming the District's ownership of the parcels.

P. Space Requirements.

1. Existing gross square footage.

The existing gross square footage of the current hospital is 145,000.

2. Total gross square footage for proposed new addition.

The proposed gross square footage of the replacement hospital is 172,000.

3. Provide a matrix showing square feet for all involved services and departments before and after project completion.

The square footage of each of the key hospital departments will be provided with our screening responses.

4. Do the above responses include any shelled-in areas?

There are no shelled in areas designed within the replacement hospital.

Q. Proposed Timetable for Project Implementation

Financing:	
a. Date for obtaining construction financing:	April 2020
b. Date for obtaining permanent financing:	July 2020
c. Date for obtaining funds necessary to undertake the project:	July 2020
Design: a. Date for completion and submittal to	January 2021
Consultation and Construction Review Section of preliminary drawings:	
b. Date for completion and submittal to Consultation and Construction Review Section of final drawings and specifications:	April 2021
Construction: a. Date for construction contract award:	May 2020
b. Date for 25 percent completion of construction:	November 2020
c. Date for 50 percent completion of construction:	May 2021
d. Date for 75 percent completion of construction:	December 2021
e. Date for completion of construction:	June 2022
f. Date for obtaining licensure approval:	August 2022
g. Date for occupancy/offering of service(s):	September 2022

R. As the applicant(s) for this project, describe your experience and expertise in the planning, developing, financing and construction of this type of project.

Samaritan has construction projects ongoing at its hospital and clinics at most times. In recent years, Samaritan's focus has been singular: development of quality services accessible to the people they are intended to serve.

In addition to its in-house project management expertise, Samaritan has assembled a team to manage the replacement hospital project. This team includes both senior leadership and consultants. The Project Manager has experience with eight replacement/greenfield hospital projects in the Pacific Northwest and six new hospitals in Washington over the past 15 years.

The experience and expertise of the team will assure that project is both responsive to the community need and within budget.

S. Describe the relationship of this project to the applicant(s)' long-range plan and long-range financial plan (if any).

Samaritan's vision is to assure that the community has access to the services it needs without unnecessary outmigration. Over the past few years, we have conducted a significant number of community forums and community surveys and the consistent message is the community wants and expects to be able to stay locally for care. There is high recognition of the successes of the hospital over the past years, and a strong desire to see the replacement hospital completed.

SECTION 4 Project Rationale NEED

- 1. Identify and analyze the unmet health services needs and/or other problems to which this project is directed.
 - a. Unmet health services need of the defined population should be differentiated from physical plant and operating (service delivery) deficiencies which are related to present arrangements.
 - **b.** The negative impact and consequences of unmet needs and deficiencies should be identified.

This project addresses both the physical plant limitations of the current hospital structure and the needs of the growing Grant County population for additional health care services.

Physical Plant:

In terms of physical plant needs, and as described in the *Project Description* section of this application, portions of the current Samaritan hospital building are more than 60 years old, and the last major improvements occurred nearly 20 years ago. An extensive analysis in 2018 defined infrastructure limitations and capacity issues including structural, electrical, mechanical and plumbing in the existing building. In addition, desired clinical adjacencies are challenging to achieve in the current building (because of the original construction methods, i.e.: sheer wall locations), and public, patient and staff/material circulation is compromised. Limitations in the current hospital building include:

Public/Patient/Material Flow:

- Public hallways also serve staff and patients
- The walk-in emergency room entrance is shared with Ambulance and Short Stay Surgery, causing congestion and compromising patient privacy. Because of a lack of space short-stay gowned patients are often waiting in this area as well.
- There is only one elevator to upper patient floor (again used by staff, patients and visitors)

Building:

- Most of the existing hospital building is comprised of columns and sheer walls. The sheer walls cannot be penetrated with any opening and are barriers to expanding departments. In addition, they are difficult to remodel & expand into adjacent spaces
- Low floor to floor heights exist
- Electrical and mechanical systems are at capacity and nearing the end of their useful lives

Patient Care/Care Delivery:

- Key departments are landlocked for expansion (i.e.: imaging).
- Existing patient rooms are small (averaging 204/sf)
- The existing inpatient nursing core is minimal and centralized systems result in staff inefficiencies
- An architectural analysis found Samaritan deficient of more than 10,000 square feet to address even today's demand.

Population Growth and Market Share

Samaritan serves a growing region of rural Central Washington. Grant County has experienced a more than 9% increase in population over the period of 2010-2018 (compared to less than 6% for all rural Counties in Washington. As Table 4 depicts, since 2011, the number of District residents being hospitalized increased by nearly 500 (15%) and Samaritan's market share of the District increased by 18%.

Countywide, discharges increased by 8% and Samaritan's market share increased by almost 21%.

Year	District	ty Resident Discharg Samaritan	Grant	Samaritan Market	
	Resident	Market Share of	County	Share of Grant	
	Discharges	District Resident	Resident	County Resident	
		Discharges	Discharges	Discharges	
2011	3,178	49%	6,376	34%	
2012	3,216	49%	6,080	35%	
2013	3,497	58%	6,538	40%	
2014	3,546	56%	6,585	39%	
2015	3,673	54%	6,711	39%	
2016	3,719	55%	6,981	39%	
2017	3,717	56%	6,936	40%	
2018	3,665	58%	6,912	41%	

Table 4

Source: WA State CHARS Inpatient Data, 2010-2018, excludes newborns, rehab and MDC 19. Adjusts for Samaritan underreporting 2013-2016, District zip codes: 98837, 98857, 98823

By 2025 (seven years from the baseline 2018 CHARS data), or three years after the estimated opening date of the replacement hospital, the Department's acute care bed need projection methodology estimates that County residents will generate nearly 17,000 patient days. Conservatively, and even with no continued increase in market share, Samaritan's inpatient ADC will increase to 30.4, an increase of 25% over the current ADC. While 50 licensed beds are sufficient to assure access for such a population, the current physical plant would be daily challenged to manage the 25% inpatient ADC increase.

The same is true for many outpatient services including emergency room and surgery (76% of Samaritan's surgeries are outpatients). Using future population estimates and conservatively holding market share flat, Samaritan is expected to realize increases in volumes in these two departments as well.

Not undertaking this replacement hospital project NOW will have a dramatic, negative impact on County residents' use of health care, and specifically where and how residents access needed care. In the current physical plant, Samaritan would be on divert an increasing number of days and residents would experience longer wait times, be delayed in initiating care or be forced to travel further for care that can (and should) be provided locally.

c. The relationship of the project, if any, to the appropriate service specific Performance Standards of the current State Health Plan should be fully documented in this section.

The State Health Plan was sunset in 1989. As such, this question is not applicable.

d. The relationship of the project, if any, to the appropriate sections of the regional health council Health Systems Plan or Annual Implementation Plan should be fully documented in this section.

The State Health Plan was sunset in 1989. As such, this question is not applicable.

- 2. In the context of the criteria contained in WAC 248-19-370(2) (a) and (2)(b), document the manner in which:
 - a. Access of low-income persons, racial and ethnic minorities, women and mentally handicapped persons and other underserved groups to the services proposed is commensurate with such persons' need for the health services (particularly those needs identified in the applicable Health Systems Plan as deserving of priority.

Admission to Samaritan is based on clinical need. Services are made available to all persons regardless of race, color, national origin, disability, sexual orientation, or age. A copy of Samaritan's admission and non-discrimination policy is included as Exhibit 6.

For hospital charity care reporting purposes, the Department of Health (Department) divides Washington State into five regions. Samaritan is located in the Central Washington region. According to 2016-2018 charity care data produced by the Department (the latest data currently available), the three-year charity care average for the Central Washington region, was 0.96% of total revenue and 2.51% of adjusted revenue. During this same timeframe, Samaritan provided charity care accounting for 1.10% of total revenue and 3.28% of adjusted revenue; well above the Central Washington regional average.

b. In the case of the relocation of a facility or service, or the reduction or elimination of a service, the present needs of the defined population for that facility or service, including the needs of underserved groups, will continue to be met by the proposed relocation or by alternative arrangements.

As stated in earlier sections of this application, Samaritan is proposing to replace the entire hospital in a new site due to the physical plant limitations and age of the existing facility. The proposed replacement hospital will be located only 2.5 miles from the existing site; all of the hospital facilities and services will be relocated and the existing hospital building will close. No services will be reduced or eliminated as a result of the replacement. All of the needs of underserved groups will continue to be met by the proposed replacement hospital.

- c. Applicants should include the following:
 - Copy of admissions policy,
 - Copy of community service policy,
 - Reference appropriate access problems identified in State and regional health council planning documents and discuss how this project addresses such problems,
 - Other information as appropriate.

Copies of the requested policies are included in Exhibit 6.

As a public hospital district hospital, Samaritan is not required to conduct a Community Health Needs Assessment (CHNA). However, Samaritan is actively involved with other health care providers and actively participates in North Central Accountable Community of Health (NCACH), the Columbia Basin Community Partnership for Health (members include Samaritan Healthcare, Confluence Health, Moses Lake Community Health Center and Grant County Health District) and the Grand Columbia Health Alliance (GCHA) comprised of six hospitals in Grant, Lincoln and Adams Counties). Each of these entities collects and analyzes data and works to make measurable and sustainable improvements in the health status of the Columbia Basin communities. **3.** Define the population that is expected to be served by the specific project proposed. This may require different definitions for each element of the projected.

In all cases, provide regional health council population forecasts for the next ten years, broken down into age and sex categories.

In the case of an existing facility, include a patient origin analysis for at least the most recent twelve-month period, if such data is maintained, or provide patient origin data from the last state-wide patient origin study. Patient origin is to be indicated by zip code, zip codes are to be grouped by city and county, and include a zip code map illustrating the service area.

The population expected to be served can be defined according to specific needs and circumstances of patients (e. g. alcoholism treatment, renal dialysis), or be the number of persons who prefer to receive the services of a particular recognized school or theory of medical care.

Grant County includes the following communities/zip codes:

- 98823 Ephrata
- 98824 George
- 98832 Marlin
- 98837 Moses Lake
- 98848 Quincy
- 98851 Soap Lake
- 98853 Stratford
- 98857 Warden

- 98860 Wilson Creek
- 99115 Coulee City
- 99123 Electric City
- 99133 Grand Coulee
- 99135 Hartline
- 99321 Beverly
- 99349 Mattawa
- 99357 Royal City

As seen in Table 5, the current total population of Grant County is 98,958, which has grown by 12.4% since 2010. The County is projected to grow another 8.6% to a total of 107,504 by 2023. The County is highly Hispanic (41.0% in 2018).

	2010	Pct. of Tot Pop	2018 Est	Pct. of Tot Pop	Pct. Chg. 2010- 2018	2023 Projected	Pct. of Tot Pop	Pct. Chg. 2018- 2023
Tot. Pop.	88,028	100.0%	98,958	100.0%	12.4%	107,504	100.0%	8.6%
Pop. By Age								
0-14	22,846	26.0%	24,448	24.7%	7.0%	25,757	24.0%	5.4%
15-19	6,101	6.9%	7,076	7.2%	16.0%	7,893	7.3%	11.5%
20-44	28,462	32.3%	31,609	31.9%	11.1%	34,069	31.7%	7.8%
45-64	20,088	22.8%	21,677	21.9%	7.9%	22,603	21.0%	4.3%
65-74	5,852	6.6%	8,379	8.5%	43.2%	9,884	9.2%	18.0%
75-84	3,391	3.9%	4,104	4.1%	21.0%	5,407	5.0%	31.7%
85+	1,288	1.5%	1,665	1.7%	29.3%	1,891	1.8%	13.6%
Tot. 0-64	77,497	88.04%	84,810	85.7%	9.4%	84,042	78.2%	-0.9%
Tot. 65 +	10,531	11.96%	14,148	14.3%	34.3%	14,843	13.8%	4.9%
Fem. 15-44	18,643	21.2%	19,374	19.6%	3.9%	21,729	20.2%	12.2%

Table 5Grant County2010, 2018, 2023 Population

Source: OFM 2017 Medium Series

Samaritan's patient origin data is provided in Table 6:

Table 6Samaritan HealthcarePatient Origin, 2018

Zip code	City	% of Total
98837	Moses Lake	64.6%
98823	Ephrata	9.8%
98851	Soap Lake	4.6%
98848	Quincy	4.6%
99344	Othello	4.3%
98857	Warden	4.0%
99357	Royal City	2.7%
98832	Marlin	0.3%
Other		5.0%
Total		100.00%

Source: 2018 CHARS, excludes all newborns

- 4. Provide information on the availability and accessibility of similar existing services to the defined population expected to be served. This section should concentrate on their facilities and services which "compete" with the applicant.
 - a. Identify all existing providers of services similar to those proposed and include sufficient utilization experience of those providers that demonstrates that such existing services are not available in sufficient supply to meet all or some portion of the forecasted utilization.
 - **b.** If existing services are available to the defined population, demonstrate that such are not accessible to that population. Time and distance factors, among others, are to be analyzed in this section.
 - c. If existing services are available and accessible to the defined population, justify why the proposed project does not constitute an unnecessary duplication of services.

As discussed earlier, in addition to Samaritan, the other inpatient hospital providers located in Grant County are all Critical Access Hospitals (CAHs), and include:

Columbia Basin Hospital, Ephrata Coulee Medical Center, Grand Coulee Quincy Valley Medical Center, Quincy

Because Samaritan is not proposing any new bed capacity, and because these three hospitals increasingly rely on being able to transfer patients with higher care needs to Samaritan, there will be a positive impact, not a negative impact from a new, right-sized state of the art hospital in Moses Lake.

- 5. Provide utilization forecasts for each service included in the project. Include the following:
 - a. Utilization forecasts for at least three years following project completion.
 - **b.** The complete quantitative methodology used to construct each utilization forecast.
 - c. Identify and justify all assumptions related to changes in use rate, market share, intensity of service and others.
 - d. Evidence of the number of persons now using the service(s) who will continue to use the service(s). Utilization experience for existing services involved in the project should be reported for up to the last ten years, as available. Such utilization should be reported in recognized units of measure appropriate to the service. For hospitals, the workload unit measure required by the State Hospital Commission should be reported together with the corresponding number of procedures.
 - e. Evidence of the number of persons who will begin to use the service(s).

Patient day projections are detailed in Table 3. In summary, Samaritan assumed the following:

Without Replacement Hospital

- Patient days were assumed to grow about 3% annually between 2018 (the most recent CHARS data) and 2022 (the first year of the project) based on the acute care bed need methodology. Without the replacement hospital, growth was assumed to decrease to 2% annually from 2022 until 2025 because of physical plant limitations.
- Clinic volumes were also assumed to grow at 2% annually beginning in 2022. Additional growth was assumed until 2022 due to future recruitment. Outpatient assumes a 2% annual growth rate in utilization. We are using ER visits as the driver for outpatient revenue and expenses. No ancillary volume forecasts are included in the pro-forma.

Table 7 provides the projected utilization without the replacement hospital:

Projected Utilization, Without the Replacement Hospital							
	Current	(half year)	2023	2024	2025		
Patient Days	9,137	4,933	10,062	10,273	10,469		
Discharges	3,163	1,699	3,465	3,534	3,605		
ER visits	20,579	11,014	22,469	22,919	23,377		
Clinic visits							
existing	58,769	32,433	66,164	67,488	68,837		
future							
recruitment		21,540	43,942	44,820	45,717		
Total Clinic							
Visits	58,769	53,973	110,106	112,308	114,554		

Table 7

Source: Applicant

With Replacement Hospital

Table 8 provides the projected utilization with the replacement hospital. Key assumptions include:

- Patient days were assumed to grow about 3% annually between 2018 (the most recent CHARS data) and 2022 (the first year of the project) based on the acute care bed need methodology. With the replacement hospital, growth was assumed to increase to 4% annually in 2022 (half year) and 2023; and then returning to 3% level in 2024 and 2025.
- Hospital clinic volumes were assumed to grow at 4% annually in 2022 (half year) and 2023; with annual growth decreasing to 3% in 2024 and 2025

Projected Utilization, With the Replacement Hospital					
		2022			
	Current	(half year)	2023	2024	2025
Patient Days	9,137	5,030	10,463	10,777	11,100
Discharges	3,163	1,721	3,603	3,711	3,823
ER visits	20,579	11,230	23,359	24,060	24,781
Clinic visits					
existing	58,769	32,748	68,117	70,160	72,365
future					
recruitment		22,283	46,350	47,740	49,172
Total Clinic					
Visits	58,769	55,032	114,466	117,900	121,437

Table 8

Source: Applicant

6. Reference all health care facility-related high priority health service needs for your service area which are called for in current health planning documents, including the health council HSP and AIP and the State Health Planning and Development Agency SHP. If the resources required of this project, including health manpower, management personnel, capital and operating funds, do not address those high priority needs, justify why those resources are not reasonably available to be directed to meet such needs.

Neither the State Health Plan nor the Health Systems Plan are currently in effect.

- 7. As applicable, substantiate the following special needs and circumstances which the proposed project is to serve.
 - a. The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers which provide a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are not located or in adjacent health service area.
 - b. The special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offers special advantages.
 - c. The special needs and circumstances of osteopathic hospitals and nonallopathic services.

This question is not applicable.

SECTION 5 Project Rationale Financial Feasibility

1. All Applicable Estimated Capital Costs (Actual or Replacement Costs if a Conversion Project)

The capital expenditure for this project is:

a.	Land Purchase	10,111,370
b.	Land Improvements	
c.	Building Purchase	
d.	Residual Value of Facility	
e.	Building Construction	101,070,000
f.	Moveable Equipment	17,590,000
g.	Fixed Equipment	2,881,500
h.	Architect/Engineer Fees	7,788,083
i.	Consulting Fees	2,016,773
j.	Site Preparation	Included in construction
k.	Supervision & Inspection	Included in construction
1.	Costs Associated with Securing Fin	nancing
m.	Costs Associated with Financing	-
	To Include Interim Interest	
n.	Sales Tax	9,119,304
0.	Other Project Costs:	1 < 40 000
	Information Technology	1,649,000
	Low voltage	2,803,000
	Site Investigations	121,000
	Artwork	220,000
	Permits and Fees	800,000
р.	Total Estimated Capital Costs	153,280,530 ⁴
	Less interest earned on fund	2,583,581
	Total Capital Expenditure	150,704,949

⁴ There is also capitalized interest of \$4,372,000. Samaritan was advised in TA to report capitalized interest outside of the capital expenditure.

2. Provide a copy of a signed nonbinding contractor's estimate of the project's construction cost, movable equipment, fixed equipment, consulting fees, site preparation, and supervision and inspection of site (Items e, f, g, i, j, k, above).

A copy of the signed nonbinding contractor's estimate will be included with the request for supplemental information.

3. Break down the estimated capital costs for each service (cost center) affected by this project. For each service (cost center) provide gross square feet to be impacted by construction, and estimated costs for Items e, f, g, l, j, and k above. Separately indicate net square feet for each service (cost center). Reference appropriate recognized space planning guidelines you have employed in your space allocation activities.

The total of e, f, g, i, j, and k above is \$120,394,625. Table 9 details the requested information for the proposed project.

Total GSF	Construction Cost/SF	Total Cost/SF	Cost/Bed	
34,350	\$813.48	\$1,006.19	\$2,978,320	
Source: Api	olicant			

Table 9 Canital Cast Information

Source: Applicant

4. For an existing facility, indicate the capital costs per patient day that would result from this project using the chart below:

Table 10 details the increase in capital costs per day:

Table 10				
Incremental Depreciation and Interest Expense				
	2022	2023	2024	2025
Incremental Depreciation Expense	2,772,970	7,394,586	7,394,586	7,394,586
Incremental Interest Expense	2,219,644	4,725,229	4,599,461	4,459,240
Incremental Interest Expense - capitalized				
Total incremental Capital Expense	4,992,614	12,119,815	11,994,047	11,853,826
Patient Days	5,030	10,463	10,777	11,100
Incremental Capital Expense/PPD	992.57	1,158.35	1,112.93	1,067.91

Table 10

Source: Applicant

5. Anticipated sources and amounts of financing for the project (actual sources for conversions)

The sources and uses of financing are provided in Table 11:

Sources and Uses of Financing			
Sources:	Amount		
Debt:			
Limited Tax GO Public Deal	\$16,065,000		
RANs plus USDA Direct Loan	97,000,000		
USDA Guaranteed Loan	30,920,000		
Premium on Limited Tax GO Public Deal	2,789,000		
Hospital Equity Contribution	\$10,111,000		
Total Sources:	\$156,885,000		
Uses of Financing			
Construction Project- Net of Earnings	\$150,705,000 ⁵		
Capitalized Funded Interest @ 24 months	\$4,372,000		
Delivery Date Expenses	\$1,808,000		
Total Uses:	\$156,885,000		

Table 11Samaritan HealthcareSources and Uses of Financing

Source: Applicant

6. For projects to be totally or partially funded from capital allowance, please indicate the amount(s) of capital allowance and budget year(s) during which the funds would be used.

This question is not applicable.

⁵ This is the capital expenditure. It excludes capitalized interest, interest earned on fund and the delivery date expenses. Delivery date expenses will be expensed.

7. Indicate the anticipated interest rate on the construction loan.

The interest rate on the various loans during the construction period are shown in Table 12.

Table 12		
Samaritan Hospital		
Interest Rates by Loan		

Debt:	Interest Rate
Limited Tax GO	%-4%
RANs plus USDA Direct Loan	1.85%
USDA Guaranteed Loan	4.4%

Source: Applicant THEY NEED TO SPEAK ENGLISH TO US

8. Indicate if you will have a fixed or a variable interest rate on the long-term loan and indicate the rate of interest.

The interest rates on the various loans after the construction period are noted below in Table 13, and are assumed to be fixed:

Table 13Samaritan HospitalInterest Rates by Loan

Debt:	Interest Rate	Term
Limited Tax GO	4%-5%	30 years
RANs plus USDA Direct Loan	3%	35 years
USDA Guaranteed Loan	4.4%	16 years
USDA Guaranteed Loan	4.4%	16 y

Source: Applicant

9. Estimated Start-up and Initial Operating Expenses

a. Total estimated start-up cost. (Expenses incurred prior to opening such as staff training, inventory, etc., reimbursed in accordance with Medicare guidelines for start-up costs.)

Samaritan is an existing operation. No start up period is anticipated.

b. Estimated period of time necessary for initial start-up (period of time after project construction completed, but prior to receipt of patients.)

Samaritan is an existing operation. No start up period is anticipated.

c. Total project estimated initial operating deficits in first year. (Operating deficit occurring during initial operating period including estimated startup cost.)

Samaritan is an existing operation. No operating deficit is anticipated.

d. Estimated project initial operating period (Period of time from receipt of first patient until total revenues equal total expenses.)

Samaritan is an existing operation. No operating deficit is anticipated.

10. Evidence of Availability of Financing for the Project

Please submit the following:

- a. Copies of letter(s) from lending institutions which indicate a willingness to finance the proposed project (both construction and permanent financing). The letter(s) should include:
 - i. Status of loan application(s)
 - ii. Purpose of the loan(s)
 - iii. Proposed interest rate(s) (Fixed or Variable)
 - iv. Proposed term (period) of the loan(s)
 - v. Proposed amount of loan(s)
 - vi. Verification that the lender has examined the financial position of the borrower and found it to be adequate to support the proposal. The examination should reflect other project activity, actual or proposed, that might relate to this specific proposal.

Samaritan is in finalizing the financing for the replacement hospital at this time.

b. Copies of letter(s) from the appropriate source(s) indicating the availability of financing for the initial start-up costs. The letter(s) should include the same items requested in 5(a) above, as applicable.

No start- up costs are projected for this project. This question is not applicable.

c. Copies of each lease or rental agreement related to the proposed project.

This project does not require any lease or rental agreements. This question is not applicable.

- **d.** Amortization schedule(s) for each financing arrangement including longterm, and any short-term start-up or initial operating deficit loans, setting forth the:
 - i. Principal
 - ii. Term (number of payment periods) (long-term loans may be annualized)
 - iii. Interest
 - iv. Outstanding balance at each of each payment period

An amortization schedule is included in Exhibit 7

11. Provide a cost comparison analysis, including a discussion of the advantages and costs, of each of the following alternative financing methods: purchase, lease, capital allowance, board-designated reserves, interfund loan, and commercial loan. Provide rationale for choosing and financing method selected

As a public hospital district, Samaritan has fewer options for financing than other community-based hospitals. For example, it is more challenging and more restrictive for PHDs to have a mortgage, making the FHA 242 program a non-option. USDA financing provides a reasonable interest rate while ensuring that Samaritan's financing is consistent with Washington State Public Hospital District law.

12. Cost center budgets anticipated revenue, and operating costs for the period from the current fiscal year through and including three full fiscal years following completion of the project, without inflation, with and without the project. In the "with" scenario, include start-up costs, and the anticipated period of deficit operations before the project is utilized at the breakeven point.

The requested pro forma financials are included in Exhibit 8.

13. Provide a pro forma balance sheet without inflation, with and without the project. However, if there are no capital costs associated with this project, no pro forma balance sheets are necessary. If the project to be totally funded from hospital reserves or capital allowance, a pro forma balance with the project is sufficient. Submit these statements for the period from the current fiscal year through and including three full fiscal years following completion of the project. Provide a narrative of the assumptions used in preparing these statements. Explain any extraordinary changes in financial position.

The requested pro forma financials are included in Exhibit 8.

Samaritan Hospital Financial Ratios 2018, 2022-2025									
Financial Ratio	Trend	State 2018	Samaritan 2018	¹ / ₂ Year 2022	2023	2024	2025		
Long Term Debt to Equity	Below	0.442	0.06	1.54	1.56	1.58	1.60		
Current Assets/Current Liabilities	Above	2.729	2.01	2.00	2.14	2.17	2.18		
Assets Funded by Liabilities	Below	0.389	0.21	0.64	0.64	0.64	0.65		
Operating Expense/Operating Revenue	Below	0.973	0.95	1.01	1.02	1.02	1.02		
Debt Service Coverage	Above	5.376	7.91	1.98	1.32	1.48	1.49		

Table 14

Source: Applicant

As Table 14 indicates, Samaritan's financial ratios were significantly better than the State average in 2018 As indicated in the financial statements contained in Exhibit 8, and because of the nature of a replacement project, especially one in which the applicant is not projecting dramatic increases in utilization, Samaritan expects to operate with a loss during the first three years following project completion. This is to be expected given the large financial investment, the interest expense in the early years, and the new depreciation expense. Prior to submitting this application, Samaritan's consultants contacted the Department's Office of Hospital and Patient Data System for guidance on how criteria would be evaluated for replacement hospitals. They were advised that because the CN Program has not previously reviewed a hospital replacement project, it is not familiar with the scope and financial requirements of this type of project and could offer no further guidance.

In previous applications involving large capital projects and expansions, the CN Program has approved projects that showed that the financial ratios were improving if they were initially not consistent with the state average.

"All of the ratios except Current Assets/Current Liabilities for Harrison Medical Center are in the preferred range in the current year. All other ratios at present and projected for both CHI and Harrison are in the preferred range and trending in a favorable direction. Review of the financial and utilization information show that the immediate and longrange capital expenditure as well as the operating costs can be met. This criterion is satisfied."

The ratios are relatively stagnant due to the restrictions placed in the forecast per the CON application requirements. Specifically,

- 1. The operating expense/operating revenues financial ratio is staying basically flat after construction due to the Schedule of Operations assumptions that revenues and expense annual inflation is zero, except for an annual increase in salaries for union employees, based on the CON application requirements.
- 2. Long-term debt/equity and assets funded by labilities are slightly increasing each year after construction due to the significant increase in debt from the replacement Hospital outpacing operations due to item #1 above.

More relevant ratios and financial measures, which are improving, are the debt service coverage ratio, days cash on hand, operating margin and total margin ratios which are most important to investors. Samaritan respectfully requests that these measures be focus of the Program's analysis. Further, we respectfully request that if the Program has any concerns or needs additional expert input on these ratios, that it advise us during screening. Collectively our consultants (WipFli and Raymond James have undertaken hundreds of replacement hospital projects and understand the relevant measures and metrics.

14. Provide a capital expenditure budget covering each year starting with the first year following the last State Hospital Commission budget submittal up through the third year following completion of The Project. (\$ in 000s).

This question is not applicable.

15. The expected sources of revenues for the applicant(s) total operations (e.g., Medicaid, Medicare, Blue Cross, Labor and Industries, etc.) with anticipated percentage of revenue from each source.

No change to the existing sources of gross revenue by payer is expected as a result of this project. The current gross revenue by payer is restated below:

Commercial &Other:	34.0%
Medicare:	32.2%
Medicaid:	30.9%
Self-Pay	2.9%
Total:	100.0%

16. Provide a copy of the latest State Hospital Commission approved rate sheet.

This question is no longer applicable.

17. Provide the complete audited year-end financial reports for the last three full fiscal years. These should include balance sheets, expense and revenue statements, statements of changes in financial position, and the accompanying notes.

Appendix 1 contains the requested financial reports. Samaritan combined the 2017 & 2018 statements and the combined financial audit was approved by Samaritan's Board.

18. The relationship of The Project, if any, to the appropriate cost sections of the State Health Plan, regional health council health systems plan or annual implementation plan should be documented.

Neither the State Health Plan nor the Health Systems Plan are currently in effect.

19. Indicate the reduction or addition of FTEs with the salaries, wages, employee benefits for each FTE affected.

Table 15 details the incremental FTEs needed for the proposed project and the total salaries and wages associated with these positions.

	Curr	ent and Prop	oosed Staffin	g	
	Current 2019	Year1 2022	Year2 2023	Year 3 2024	Year 4 2025
Providers	27.0	48.0	49.8	51.1	52.6
Management	45.0	45.0	45.0	45.0	45.0
Technicians	70.7	96.0	99.5	102.3	105.1
Registered Nurses	85.4	89.9	94.4	97.9	101.4
Nursing Assistants	34.2	36.0	37.8	39.2	40.6
Other Staff	150.6	152.5	154.3	135.5	136.1
Contract Labor	13.8	13.8	13.8	13.8	13.8
Total	426.8	482.2	495.5	505.8	516.3
Total Salaries and Wages	40,529,636	27,791,053	58,299,611	60.680,104	63,162,184
Total Benefits	12,765,614	6,966,488	14,614,184	15,210,911	15,833,103
Total Salaries, Benefits and Wages	53,295,250	34,757,541	72,913,795	75,891,015	78,995,288

Table 15Current and Proposed Staffing

Source: Applicant

SECTION 6 Project Rationale Structure and Process (Quality) of Care

1. Document the following:

- a. The availability of sufficient numbers of qualified health manpower and management personnel. If staff availability is a problem, describe the manner in which the problem will be addressed.
- b. In the context of the State Health Plan Health Facility/Service General Performance Standard #2h, document the present and future availability of personnel with qualifications appropriate to the level and intensity of care they are and/or will be providing and with training specific to the technologies they are using.

As noted in Table 15, Samaritan is projecting about a 20% increase in total staffing between now and 2025, the 3rd full year of the project. Much of this growth is associated with the recruitment of new providers that has already occurred as well as the incremental growth expected over the next few years; even prior to the replacement hospital opening

Specific strategies for recruitment of the clinical, ancillary and support staff needed to support the new provider volumes, include:

- Samaritan offers a generous benefit package for both full and part time employees that includes: Medical, Dental, Paid Time Off/Extended Illness/Injury Time, Employee Assistance Plans, and a Tuition Reimbursement Program, among other benefits.
- Samaritan posts all of its openings on our website via our online applicant tracking system.
- Samaritan has contracts with several technical colleges, community colleges, and four-year universities that enable us to offer either training and/or job opportunities.

2. Describe the relationship of ancillary and support services to proposed services, and the capability of ancillary and support services to meet the service demands of the proposed project.

The replacement hospital will be designed with ancillary and support departments that are sized and available to meet the projected service demands.

3. In the context of the State Health Plan Health Facility/Service General Performance Standard #2f, document that the facility has and/or will have written policies evidencing a coordination and referral system that assures that patients receive care at the least intensive and restrictive level appropriate to their needs.

Samaritan has a comprehensive discharge planning process that begins prior to or at admission. Depending upon the needs of the patient, the discharge planning team can have the stay extended or work with the physician(s) to determine the most appropriate plan of care. Each patient is screened either at, or before, admission and a tentative discharge plan is developed. As the stay progresses and discharge gets closer, the plan is either modified or implemented, depending upon the needs of the patient. Samaritan also works closely with community-based providers to assure patients are in the least intensive and least restrictive level appropriate to their needs.

4. Identify the specific means by which the proposed project will promote continuity in the provision of health care to the defined population and avoid unwarranted fragmentation of services. This section should include the identification of existing and proposed formal working relationships with hospitals, nursing homes and other health services resources serving your primary service area. This description should include recent, current and pending cooperative planning activities, shared service agreements, and transfer agreements. Copies of relevant agreements and other documents should be included.

This project proposes a replacement hospital. It is not proposing any new services or beds. Samaritan does, and will continue to work closely with other providers throughout Grant County to ensure that timely and seamless patient transitions continue to occur. No changes to these working relationships are proposed with the replacement hospital.

5. In the context of the State Health Plan Health Facility/Service General Performance Standard #2g, document that your facility ensures and/or will ensure effective continuity of care through discharge planning initiated early in the course of treatment.

As discussed in response to previous questions, discharge planning efforts are, and will continue to be, initiated upon admission. Samaritan staff review discharge options throughout the patient's stay to ensure that continuity of care is achieved, while also ensuring that the patient receives the most cost-effective care appropriate to the circumstances.

6. In context of the State Health Plan Health Facility/Service General Performance Standard #2c, document that your facility has and/or will have a patient priority policy which requires acceptance of patients according to clinical evidence of medical need and potential benefit to patients.

Samaritan does not discriminate on the basis of race, color, national origin, disability, sexual orientation, or age. Patients are admitted based on clinical need.

7. Fully describe any history of each applicant with respect to the actions noted in Certificate of Need regulations WAC 248-19-390 (5) (a). If there is such a history, provide clear, cogent and convincing evidence that the proposed project will be operated in a manner that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements.

Samaritan does not have any history with respect to the actions noted in CN criterion WAC 248-19-390 (5) (a), now codified as WAC 246-310-230 (5) (a).

8. Demonstrate that services to be provided will be provided (a) in a manner that ensures safe and adequate care, and (b) in accord with applicable federal and state laws, rules and regulations.

Samaritan does not have any history of concern and operates, at all times, in conformance with all applicable federal laws, rules and regulations for the operation of a health care facility.

9. Describe how the project, complies with the appropriate Quality and Continuity of Care related criteria of the State Health Plan, regional health council systems plan or annual implementation plan.

The State Health Plan was sunset in 1989, and as such this question is no longer applicable.

10. In the context of the State Health Plan Health Facility/Service General Performance Standard #2b, document that your facility has and/or will have an active utilization review program.

The State Health Plan was sunset in 1989, and as such this question is no longer applicable.

SECTION 7 Project Rationale Cost Containment

1. Document the following:

- a. Exploration of alternatives to the project you have chosen to pursue, including postponing action, shared service arrangements, merger, contract services, and different spatial configurations you have evaluated and rejected. Each alternative should be analyzed by application of the following:
 - Decision-making criteria (e.g. cost limits, availability, quality of care, legal restrictions, etc.)
 - Advantages and disadvantages, and whether the sum of either the advantages or the disadvantages outweigh each other by application of the decision-making criteria
 - Capital costs
 - Staffing impact

Three options were explored in depth, over a period of nearly 12 months. These options included: 1) do nothing—or stay at the current site with no significant expansion; 2) renovate and expand the existing hospital at the current site and 3) replace the current hospital.

After the assessment of our current hospital's infrastructure was completed, the "do nothing" option was ruled out: upgrades and expansion is needed simply to meet current codes. This analysis also demonstrated the need for at least 10,000 additional square feet in the hospital to address current volumes.

As part of the planning efforts, estimates to remodel and renovate the existing hospital were prepared and compared to new construction. The costs to renovate and remodel were higher than new construction. Additionally, remodeling the hospital at its current location was determined to be extremely disruptive to patient care and existing operations. For example, the current hospital campus is landlocked (surrounded by wetlands). To add the additional square footage, the existing parking would be eliminated. During construction, the hospital would have no parking for at least three years until the remodel and renovation was completed and new parking could then be constructed.

Option 3, that of a replacement hospital, was determined to be less costly and much less disruptive to patient care. For all of the reasons outlined earlier, this option was selected.

2. The specific ways in which the project will promote staff or system efficiency or productivity.

A 2018 facility analysis established that the existing site and buildings do not have adequate capacity to accommodate building expansion and associated parking to meet the current or projected growth of local inpatient services. The existing buildings and infrastructure have accrued over time, with wings of varying vintages and structural systems that create barriers to department expansion and challenges to operational efficiency and patient experience. Many systems are near the end of useful life and do not allow the desired level of performance or resiliency.

The new site has adequate capacity to address the needs of the community 50 years into the future. There is sufficient land to accommodate current and future development with associated parking, utilities, infrastructure and provide landscaped outdoor areas. The new facility will be designed to improve vertical and horizontal flow of patients, visitors, staff, materials and wastes, and enable efficient integration of technology to improve staff and patient experience and outcomes.

3. In the case of construction, renovation or expansion, capital cost reductions achieved by architectural planning and engineering methods and methods of building design and construction.

In an effort to reduce capital costs, Samaritan is employing a Target Value Design (TVD) approach to the development of the new facility. Using this approach, each of the major building systems is assigned a cost target at start of the design process. Then the architects/engineers in collaboration with the contractor and key mechanical, plumbing, electrical and exterior building enclosure contractors can be focused on designing and selecting systems that are within these targets. Traditional design would wait to develop a construction cost at the conclusion of design process, as a result of drawings and narratives. Using TVD, the cost targets are used to inform the development of the design – with the intended outcome of reducing costly re-work and re-design in subsequent stages. In addition, there will be a 'budget pause' at the end of Design Development to ensure the project is within the cost target before moving into the construction document phase of the project.

Samaritan's general contractor, Graham Construction (Graham), has been engaged in preconstruction services to develop a detailed cost estimate of the Schematic Design documents. Prior cost estimates have been provided by a construction cost estimator, who will engage in a reconciliation process with Graham, of the Schematic Design estimate to ensure alignment and validate scope and systems assumptions. In addition to supporting the TVD process described above, Graham will be testing the marketplace for innovative ways to reduce cost and deliver a highly complex building type in a geographically remote location in the State. One of the methods to be explored is the ability to 'pre-fabricate' certain elements off-site in a location that is closer to the source of labor then transport preassembled systems to the site for final install. Highly specialized or repeatable components such as patient room headwalls, pipe racks, wall panels or panelized facade systems will be explored and tested for cost and schedule efficiency. The team also intends to utilize Building Information Modeling (BIM) technology to allow the design team to collaborate with the construction team to perform detailed above ceiling coordination of building systems and resolving conflicts prior to the start of construction, eliminating costly re-work in the field and thereby reducing costs.

On the architectural planning side, the design team is employing the use of Integrated Facility Design (IFD) workshops to engage cross-functional user groups in the planning and design of the new hospital. The project's architects, ZGF, have seen great success in engaging stakeholders in these large planning events to test key department adjacencies and patient, staff and material flows to minimize travel distances and decrease the footprint of the building. The IFD workshops also include the use of full scale cardboard mock-up's of key driver rooms (patient rooms, operating rooms, procedure rooms, C-Section delivery rooms, ED treatment rooms, prep/recovery rooms, diagnostic imaging spaces, etc.) and portions of the inpatient units, pre/post-surgical department, infusions areas and the emergency department among others, to challenge assumptions regarding how big rooms and spaces need to be and test the operational efficiency of the unit and department layouts. These quick and easily altered mock-ups have also resulted in the ability to test and rightsize spaces to validate what is really needed and to reduce the overall size of the building. The IDF events also serve as a great tool to begin the change management process. At the conclusion of each event, staff are invited to the mock-up ('warehouse') space to review the progress of the design and provide feedback or input into the design as it develops. The ability to educate the staff about the design in advance of the construction and prior to move-in greatly increases buy-in and minimizes re-work that occurs once construction is substantially complete and users see it for the first time, which often leads to requests for costly changes.

4. In the case of construction, renovation or expansion, an analysis of the capital and operating costs of alternative methods of energy consumption, including the rationale for choosing any method other than the least costly.

Samaritan is currently evaluating both first cost and life-cycle costs of energy consumption for the new facility. The local area boasts some of the lowest energy (electrical) costs in the country – one of the reasons manufacturing companies are located in Moses Lake. That said, Samaritan is balancing operating costs with the capital costs required to support such a system as well as evaluating multiple systems for energy consumption as well as water conservation/usage. Specifically, the existing facility has a calculated annual energy use intensity (EUI) of 275 KBTU per square foot. The new facility is targeting an EUI of 150 KBTU per square foot or a 45% improvement. Additional measures to reduce use of resources include establishing performance goals and strategies to conserve water, capture precipitation for onsite use, landscaping and land-shaping to reduce the need for irrigation, increase daylighting and improve thermal comfort. Exhibit 1 Active Medical Staff

Providers Full Name

Mark Douglas Johnson, MD Robert David Hylander, MD Austin M Miner, CRNA Brian Nils Nordstrom, CRNA Dalila JoAnn Fairchild, CRNA Devan W Ball, CRNA Gary Bryce Glenn, CRNA Jennifer Ann Brown, CRNA Jeremy Beau Perry, CRNA Kenneth Berdell Lake, CRNA Kimberly Lynn McKay, CRNA Robert Brucker, CRNA Scott L Truman, CRNA Stephanie K Moore, CRNA Steven W. Beckstrom, CRNA Weston S Ewing, CRNA Michael L Ruthrauff, MD Sandra B Kalnins, DO Ginette Marie Di Domenico, ARNP Jonathan Ingram, ARNP Kasey N Grass, PhD Kelley L Drayer, MS, PhD Nicole L Avila-Parker, ARNP Susan Goranson, ARNP Teresa Hutsell, ARNP Austin Michael Kane, MD Geoffrey Lowell Harms, MD James Theodore Dodge, Jr, MD Jeremy Robert Nicolarsen, MD Jonathan Andrew Bolles, MD Kathleen Marie Love, MD Liam Anthony Morris, MD Matthew William Newman, MD Pamela Garza Burg, MD Richard Allan Jensen, Jr., MD Roy Po-Chou Lin, MD Sarah Michelle Stack, MD Thomas Joachim Laney, MD, DDS, PS Richard Matthew Sica, MD Adam Christopher Sinner, MD Amelie Michele Peryea, MD Benjamin D Mason, MD Brian A Robertson, MD Christopher E Hughes, MD Christopher Weston Davis, MD Elizabeth M Perry, MD

Assignments

Admin: EHR Access On Alergy/Immunology Anesthesia - APC **Behavioral Health Behavioral Health Behavioral Health - APC Behavioral Health - APC** Behavioral Health - APC **Behavioral Health - APC Behavioral Health - APC Behavioral Health - APC Behavioral Health - APC** Cardiology Dentistry Dermatology **Emergency Medicine Emergency Medicine Emergency Medicine Emergency Medicine Emergency Medicine Emergency Medicine Emergency Medicine**

Faith M Cowgill, MD Glen J Saxby, MD Haley R Simmons, MD J. G. Johnson, DO Jackson Olen Henley, MD Jay Kovar, MD Jenarah L Tekippe, MD Jeremy R Smith, MD John Alexander Crane, MD John Rosell, MD Jonathan S Kim, MD Joshua R Frank. MD Justen Ward Pettigrew, MD Justin Kyle Lugar, MD Kirk Michael Willett, MD Lance W Jobe, MD Liam Patrick O'Sullivan, MD Linda Sanders, MD, MA Lysa Suzanne Ward, MD Mark Thomas Bernardi, MD Melody Carroll Denson, DO Michael T Pfannenstiel, MD Randolph Lipscher, MD Scott L Stroming, MD ThanhVan Dang Tran, MD Claudia S Nilson, ARNP Corbin Lynn Moberg, PA-C Eric Nathan Aronsohn, PA-C Richard A Eck, ARNP Robert Alan Gruver, PA-C Russell William Jones, MS, FNP-BC Elizabeth Hsu, MD Alexander L Brzezny, MD Andrea Michelle Carter. MD Cameron McKell Beck, MD Carlina Marisol Menjivar, MD Cole Quentin Hemmerling, MD Daniel Edwin Sloane, DO Dennis Patrick Kearns, MD Hollie Lu Matthews, MD Jennifer Anne Pimentel Jahns, MD Jill Kathleen Simon, MD Larry William Verhage, MD Lexie Lynn Zuver, DO Luther Merrall Thompson, MD Maria Cecelia Celerian, MD Matthew H Hardy, DO, MS

Emergency Medicine Emergency Medicine - APC Emergency Medicine - APC Endocrinology **Family Medicine Family Medicine Family Medicine** Family Medicine Family Medicine **Family Medicine** Family Medicine Family Medicine **Family Medicine** Family Medicine **Family Medicine Family Medicine** Family Medicine **Family Medicine Family Medicine**

Micheal Ryan Tolley, DO Morgan Scott Fife, MD Pranav Upendra Patel, MD Randel Scot Bunch, MD Stephanie M Arar, MD Chevenne Amber Faeh, PA-C Erica S Gregoire, FNP Ethan Daniel Washburn, PA-C Harold Scott Mounts, ARNP James L Ewell, PA-C Robert Edward Ebel, PA-C Tara Leigh Zamarron, ARNP Mitchell L Cohen, MD Cecilia Karin Trydestam, MD Eric Paul Ebaugh, DO Hsien Sing Sam Hsieh, MD Jason Scott Loewen, MD Mark Orman Hardin, MD Thomas R Tuszynski, MD Vance Y Sohn, MD Christopher Gore Hogness, MD Edwin Blount Carmack, MD Geoff G Barry, MD Isam Naoom, MD James J Murray, MD Kevin Joseph Struzzieri, MD Michael Dean Johnson, DO Mircea Sebastian Batanoiu, MD Paul Evans Miller, MD Rejeesh Manchezhathu Rajagoa Menon, MD Rudo Ambayi, MD Yongqing Li, MD Kristine Elizabeth Kehler, ARNP Mandi Michelle Burton-Carter, PA-C Niekol M Hall, PA-C Richard R Stowe, PA-C Evan Michael Graham, MD Kevyn Jacquelynn Stroebe, DO Marcus Ray Kubosumi, MD Ben Thomas Murrell, PA-C Leona Marie Hays, ARNP Arielle P Davis, MD Claire Johanna Creutzfeldt, MD David L Tirschwell, MD Jonathan R Weinstein, MD Kyra J Becker, MD Sandeep P Khot, MD

Family Medicine Family Medicine Family Medicine Family Medicine **Family Medicine** Family Practice - APC Gastroenterology General Surgery General Surgery **General Surgery** General Surgery **General Surgery General Surgery** General Surgery Hospitalist - APC Hospitalist - APC Hospitalist - APC Hospitalist - APC Internal Medicine Internal Medicine **Internal Medicine** Internal Medicine - APC Internal Medicine - APC Neurology Neurology Neurology Neurology Neurology Neurology

Sara K Schepp, MD W T Longstreth, MD Austin M Miner, CRNA Doran R Thomas, CRNA, NSPM-C Gregory Paul Bauer, CRNA Stephanie K Moore, CRNA Brian Truong, MD Erinn Elizabeth Huffman, MD James Edward Lyons, MD Ryan Wade Rasmussen, MD Elizabeth Marie Bonadies, CNM Kristen S Ziegler-Horwath, ARNP, CNM Nicole M Anderson, DNP Rebecca Lynn Cole, ARNP, CNM Stacy Dawn Purcell, CNM Julie C Smith, MD Kawal D Chester, MD Lindsay Carol Overton, MD Robert H Gersh, MD Saritha Chandini Thumma, MD Thomas Boynton Tucker, MD Margaret Mary Ellings, DNP Brian Paul Roth, MD Brannon R Orton, MD Brett R DeGooyer, DO Leo Chough, MD Matthew Kai Elliott, DO Braeden Russell Cook, ARNP Christopher Allen Stone, PA-C Leona Marie Hays, ARNP Tracy Lynne Estrellado, PA-C Keith Mitchell Ulnick, DO Brent Martin Hjermstad, MD Daniel J Kerr, MD Dawn Elizabeth Heagley, DO Ian M Bovio, MD Michael Conrad Daines, MD Carissa L Armstrong, MD Jill Ann Dudik Bross, MD Karen Marie Lindberg, MD Kevin Juro, MD Ladan Modallel, MD Natalie Rose Paluch, MD Pamela Kim Moore, MD Toby Brent Bond, MD Kimberlee Elizabeth Poole, ARNP Arezou Amidi, DPM

Neurology Neurology Non Surgical Pain Mgmt - APC Ob / Gyn Ob / Gyn Ob / Gyn Ob / Gyn **OB/Gyn - APC OB/Gyn - APC OB/Gyn - APC OB/Gyn - APC OB/Gyn - APC** Oncology Oncology Oncology Oncology Oncology Oncology **Oncology - APC** Ophthamology Orthopedics Orthopedics Orthopedics Orthopedics **Orthopedics - APC Orthopedics - APC Orthopedics - APC Orthopedics - APC** Otolaryngology Pathology Pathology Pathology Pathology Pathology Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics Pediatrics **Pediatrics - APC** Podiatry

Solomon I Wu, DPM Adam J Benson, MD Amit A Habbu, MD Amy E Henkel, MD Anthony R D'Amico, MD Arpita Radheyshyam Swami, MD Brian David Petersen, MD Brian W Rich, MD Bruce S Turlington, MD Cameron J Seibold, MD Casey John Schmitz, MD Chet R Hunter, DO Christopher M Zylak, MD Christopher S Krejci, MD Corey D Judd, MD David A Thayer, MD David A Thorne, MD David Edward Holznagel, MD David Keaton, MD David M Bauer, MD David M Munoz, MD Douglas Arthur Murrey, Jr, MD Dwane T Brittain, MD Edward M Iuliano, DO Garrett Li DeJesus, MD Gordon S Teel, MD Gregory J Balmforth, MD Gregory M Sterne, MD Gregory P Lewis, MD Howard W Sill, MD Irene W Cruite, MD Isaac P Reeve, MD Ishwar P Bhat, MD Jacob P Pickering, DO James Eaton, MD Jason S Vergnani, MD Jayson S Brower, MD Jeffrey P Clarke, MD Jeffrey S Nackos, MD Jodi L Bailey, MD Joel A Brake, MD John M Gowdy, DO John P Romano, MD John William Bell, MD Joshua D Garcia, MD Julie R Kaczmark, MD Justin A Frederick, MD

Podiatry Radiology Radiology

Kenneth J McCabe, MD Kyle Laird Dale, MD Leslie Russell, MD Mai T Russell, MD Mark Elliott, MD Mark Owen McVee, MD Mark S Edens, MD Matthew Lloyd Mesick, MD Michael A Stewart, MD Michael D Kirsch, MD Ngoc Luu, DO Norbert K Yee, MD Paul H Eikens, MD Paula J Shepherd, MD Peter A Remedios, MD Pushpender Gupta, MD Richard P Nguyen, MD Richard S Brunkan, MD Richard Thomas Dahlen, MD Richard W Casey, MD Robert A Lloyd, DO Robert B Handy, MD Robert L Arnett, MD Robin D Hines, MD Roy Zimmer, III, MD Ryan Goff, MD Sadaf F Zaidi, MD Sarsfield P Dougherty, MD Scott B Hoefer, MD Scott H Carleton, MD Scott N King, MD Sean C Koskinen, MD Shawn R Jones, MD Steven J Wilhelm, MD Steven Y Sohn, MD Suzanne Shaw, MD Terri H Lewis, MD Timothy Gormley, MD Trent A Sanders, MD William D Keyes, MD Zachary A Winter, MD Paul Scott Jackson, RNFA David Lee Curnel, MD Edgar D Hoover, MD Brandi A Smith, ARNP Brett Samuel Hymas, PA-C Gabriel B Ekortarh, ARNP

Radiology Surgical First Assist **Urgent Care Urgent Care Urgent Care - APC Urgent Care - APC Urgent Care - APC**

Manuel Jimenez, PA-C	Urgent Care - APC
Mark Allen Hill, ARNP	Urgent Care - APC
Richard A Eck, ARNP	Urgent Care - APC
Robert Alan Gruver, PA-C	Urgent Care - APC
Robert Edward Ebel, PA-C	Urgent Care - APC
Sheila R Maher, PA-C	Urgent Care - APC
Theresa Catherine Mellas, PA-C	Urgent Care - APC

Exhibit 2 Equipment List



Department: Administrative Services

Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project		3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
3628-011	1	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Project		1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (New)	Unassigned	Unassigned
3714-025	1	Dispenser, Cleaning Solution	Diversey Care (04379)	Project		1-Fixed
DSP0850	O/C	J-Fill Duo	Diversey Care (04379)	Draft (New)	Unassigned	Unassigned
4104-009	1	Oven, Commercial, Microwave	Panasonic (NE-1064F)	Project		2-Movable, Elect
OVN0078	0/0	NE-1064	Panasonic (NE-1064F)	Draft (New)	Unassigned	Unassigned
4198-004	1	Rack, Mops / Brooms	Rubbermaid Commercial Products	Project		1-Fixed
RCK0113	O/C	1992 Closet Organizer/Tool Holder	(FG199200GRAY) Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
4300-040	5	Shelving, Wire, Chrome, 60 inch	InterMetro Industries Corp ()	Project		3-Movable, Non-Elect
SHL0711	O/O	Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp ()	Draft (New)	Unassigned	Unassigned
4417-003	2	Stool, Step, w/Handrail	Pedigo Products, Inc (P-10-A)	Project		3-Movable, Non-Elect
STL0113	0/0	P-10-A Chrome	Pedigo Products, Inc (P-10-A)	Draft (New)	Unassigned	Unassigned
4688-028	58	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	O/O	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4817-061	1	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Project		1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (New)	Unassigned	Unassigned
4920-071	1	Waste Can, Step-On	Rubbermaid Commercial Products (1883552)	Project		3-Movable, Non-Elect
WST0406	O/O	1883552 Slim Jim Resin Front Step 24 Gal/Beige	Rubbermaid Commercial Products (1883552)	Draft (New)	Unassigned	Unassigned
4941-013	1	Shelving, Allowance, Supply, High Density (Movable	e) Quantum Medical (TTK)	Project		3-Movable, Non-Elect
SHL0945	O/V	TTK Sliding Top-Track System		Draft (New)	Unassigned	Unassigned
4942-325	1	Refrigerator, Domestic with Freezer	GE Appliances (GTE18ETHWW)	Project		2-Movable, Elect
REF1461	O/O	GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW)	Draft (New)	Unassigned	Unassigned



Qty Description

Shelving, Allowance, Pharmacy System

F/I Model

1

O/V TBD



Atta ID

CAD ID

4943-001

SHL0153

Department: Administrative Services



5316-060 CWA0191	2 Cabinet, Warming, Dual, Freestanding O/C 7924TG (Glass Door)	Blickman Industries (14B7924243)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5407-019 WST0259	4 Waste Can, 20-31 Gallon O/O FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5832-014	2 Cart, Supply, Linen, 48 inch	InnerSpace Corporation (QWLC246-1)	Project	Unassigned	3-Movable, Non-Elect
SPC0109	O/O Quickwire QWLC246	InnerSpace Corporation (QWLC246-1)	Draft (New)		Unassigned
5845-009 HSK0006	 Cart, Housekeeping, Polymer 0/0 9T75 High Security Cleaning Cart 	Rubbermaid Commercial Products (FG9T7500BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5869-042	10 Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project	Unassigned	1-Fixed
DSP0825	O/O Purell LTX-12 White (1920-04)	GOJO Industries (1920-04)	Draft (New)		Unassigned
6014-061	1 Cart, Supply, Chrome, 36 inch	InnerSpace Corporation (QWP5237GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1030	O/O QuickWire QWP5237GC	InterMetro Industries Corp (QWP5237GC)	Draft (New)		Unassigned
6015-071	6 Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1031	O/O Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)		Unassigned
6050-143	2 Refrigerator, Commercial, Undercounter	Summit Appliance (FF1843BSSADA)	Project	Unassigned	2-Movable, Elect
REF1907	O/O FF1843BSSADA (ADA/Stainless Steel)	Summit Appliance (FF1843BSSADA)	Draft (New)		Unassigned
6348-106	4 Television, 36-43 in., Flat Panel	LG Commercial Products (42LY340C)	Project	Unassigned	2-Movable, Elect
TVS0498	O/O 42LY340C (42" Ultra-Slim Direct Commercial LED)	LG Commercial Products (42LY340C)	Draft (New)		Unassigned
6477-067	4 Bracket, Monitor, Wall, Flat Panel	Ergotron Inc. (60-604-003)	Project	Unassigned	1-Fixed
BRK0498	O/C Low Profile Wall Mount	Ergotron Inc. (60-604-003)	Draft (New)		Unassigned
6802-027 WST0267	5 Waste Can, Recycle O/O 3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE Rubbermaid Commercial Products (FG354007BLUE	/	Unassigned	3-Movable, Non-Elect Unassigned

Manufacturer (Mfr #)

To Be Determined (TBD)

Vendor (Vendor #)

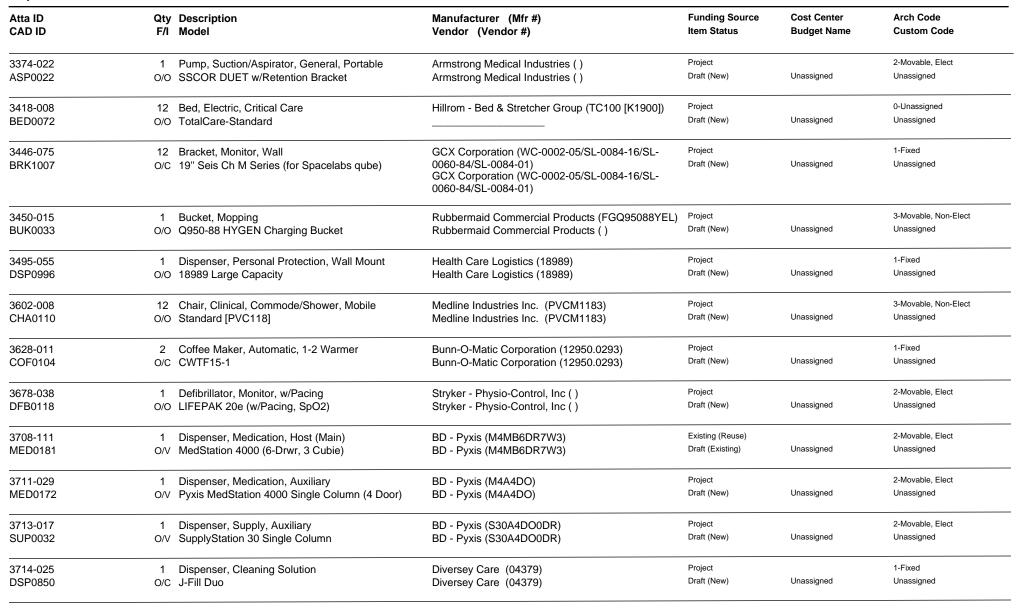
Item Summary

Department: Administrative Services



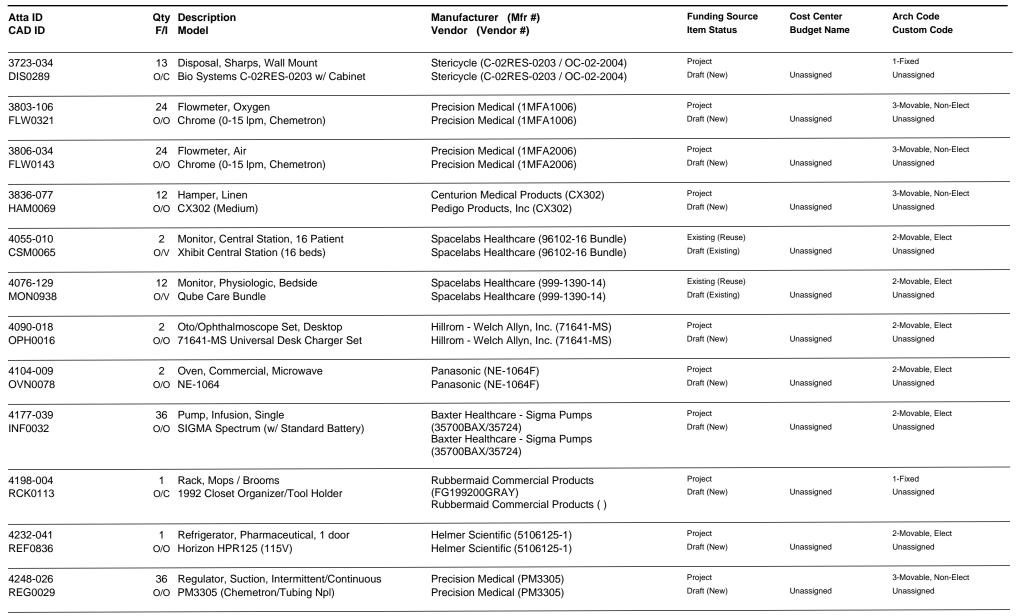
Atta ID	Qty Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
7277-001	1 Water Treatment System, Ice Maker, Wall Mount	Follett LLC (00130229)	Project	Unassigned	1-Fixed
ICE0157	O/C Standard Capacity 00130229	Follett LLC (00130229)	Draft (New)		Unassigned

Item Summary









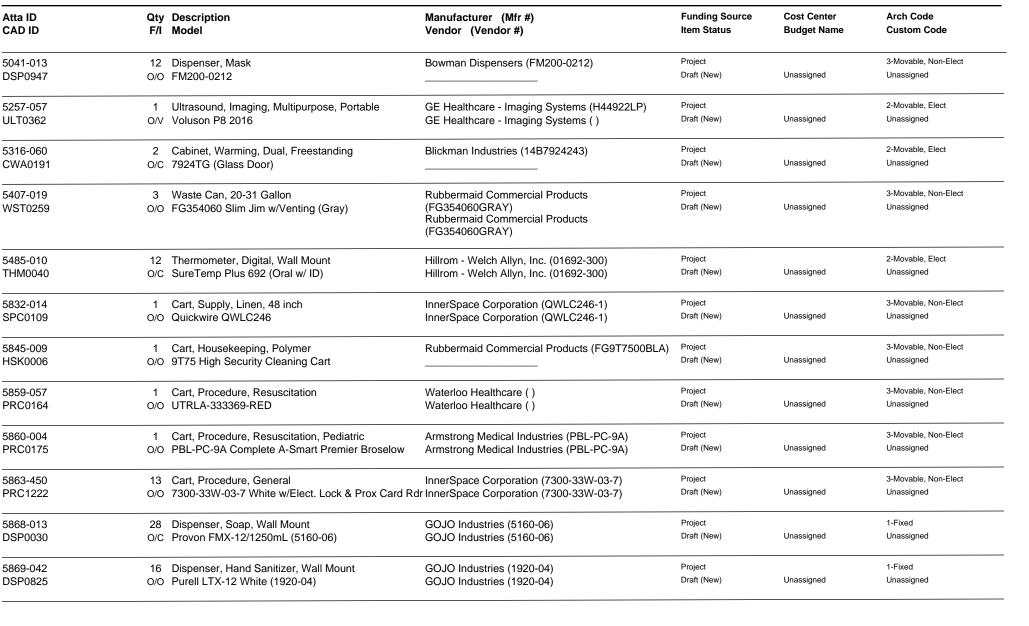


Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4300-040	2	Shelving, Wire, Chrome, 60 inch	InterMetro Industries Corp ()	Project		3-Movable, Non-Elect
SHL0711	0/0	Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp ()	Draft (New)	Unassigned	Unassigned
4361-019	12		Blickman Industries (0561350400)	Project		3-Movable, Non-Elect
IVS0059	0/0	1350-4 (5-Leg, 4-Hook)	Blickman Industries (0561350400)	Draft (New)	Unassigned	Unassigned
4417-003	1	Stool, Step, w/Handrail	Pedigo Products, Inc (P-10-A)	Project		3-Movable, Non-Elect
STL0113	0/0	P-10-A Chrome	Pedigo Products, Inc (P-10-A)	Draft (New)	Unassigned	Unassigned
4429-046	1	Stretcher, Transport	Stryker Medical (0748-000-000)	Project		3-Movable, Non-Elect
STR0538	0/0	Wide Transport 748 (30' Litter) ST104		Draft (New)	Unassigned	Unassigned
4522-037	24	Telemetry, Transmitter, General	Spacelabs Healthcare (96281-A)	Existing (Reuse)		2-Movable, Elect
TTY0079	O/V	AriaTele ECG	Spacelabs Healthcare (96281-A)	Draft (Existing)	Unassigned	Unassigned
4687-068	13	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Project		3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (New)	Unassigned	Unassigned
4688-028	42	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	0/0	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4689-024	1	Waste Can, Swing Top	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
BIN0154	0/0	FG354060 Slim Jim Beige w/FG267360 Lid	(FG354060BEIG/FG267360BEIG) Rubbermaid Commercial Products (FG354060BEIG/FG267360BEIG)	Draft (New)	Unassigned	Unassigned
4715-030	1	Wheelchair, Adult, Standard	Sunrise Medical ()	Project		3-Movable, Non-Elect
WCR0020	0/0	Breezy EC 2000 (16in seat)	Sunrise Medical ()	Draft (New)	Unassigned	Unassigned
4817-061	2	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Project		1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (New)	Unassigned	Unassigned
4920-071	14		Rubbermaid Commercial Products (1883552)	Project		3-Movable, Non-Elect
WST0406	0/0	1883552 Slim Jim Resin Front Step 24 Gal/Beige	Rubbermaid Commercial Products (1883552)	Draft (New)	Unassigned	Unassigned
4942-325	2	Refrigerator, Domestic with Freezer	GE Appliances (GTE18ETHWW)	Project		2-Movable, Elect
REF1461	O/O	GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW)	Draft (New)	Unassigned	Unassigned

Item Summary



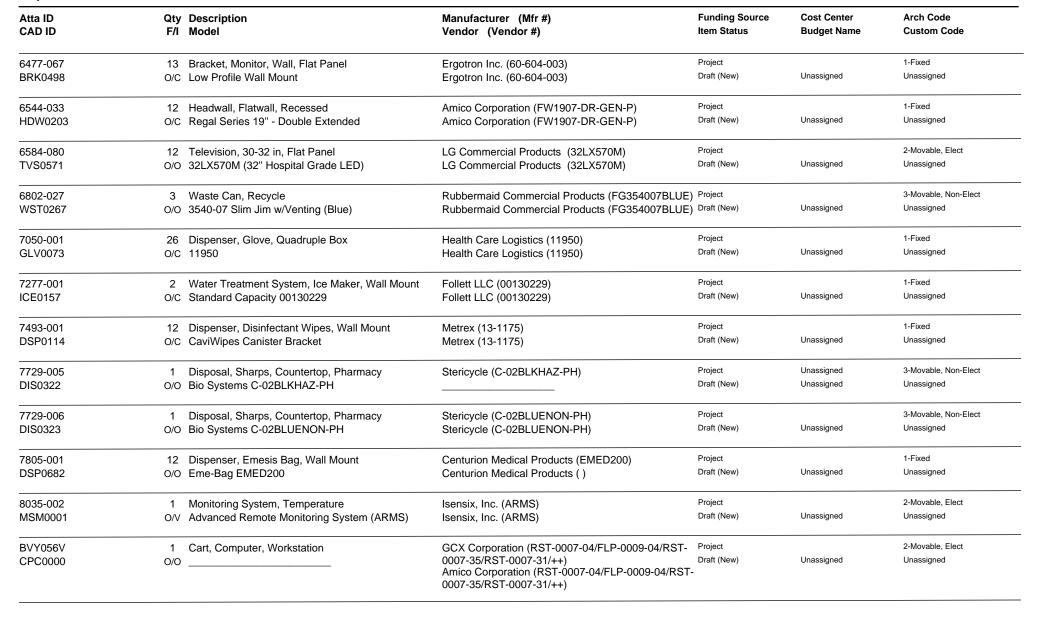


Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
5934-014 TOB0013		Table, Overbed, General Tru-Fit Single Top w/o Vanity	Stryker Medical (3150-000-100) Stryker Medical (3150-000-100)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
1000013	0/0					5
6014-061	1	Cart, Supply, Chrome, 36 inch	InnerSpace Corporation (QWP5237GC)	Project		3-Movable, Non-Elect
SPC1030	0/0	QuickWire QWP5237GC	InterMetro Industries Corp (QWP5237GC)	Draft (New)	Unassigned	Unassigned
6015-071	1	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project		3-Movable, Non-Elect
SPC1031	O/O	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)	Unassigned	Unassigned
6050-143	1	Refrigerator, Commercial, Undercounter	Summit Appliance (FF1843BSSADA)	Project		2-Movable, Elect
REF1907	0/0	FF1843BSSADA (ADA/Stainless Steel)	Summit Appliance (FF1843BSSADA)	Draft (New)	Unassigned	Unassigned
6084-087	28	Dispenser, Paper Towel, Surface Mount	Georgia Pacific (59498A)	Project		1-Fixed
DSP1065		59498A enMotion Impulse 8 (Black)	Georgia Pacific (59498A)	Draft (New)	Unassigned	Unassigned
6112-093	1	Cart, Foodservice, Meal/Tray	Lakeside Manufacturing, Inc. (551)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
FDC0512	0/0	551 Economy Enclosed Tray Truck		Draft (Existing)	Unassigned	Unassigned
6292-002	1	Wheelchair, Adult, Bariatric	Sunrise Medical ()	Project		3-Movable, Non-Elect
WCR0100	O/O	Breezy EC 2000HD (22in seat, Swing-away)	Sunrise Medical ()	Draft (New)	Unassigned	Unassigned
6338-001	2	Cart / Truck, Soiled Utility	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
CTK0076	0/0	-	(FG470800BLA/FG460900BLA) Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
6348-106	1	Television, 36-43 in., Flat Panel	LG Commercial Products (42LY340C)	Project		2-Movable, Elect
TVS0498	O/O	42LY340C (42" Ultra-Slim Direct Commercial LED)	LG Commercial Products (42LY340C)	Draft (New)	Unassigned	Unassigned
6403-016	2	Monitor, Blood Glucose, Point-of-Care	Abbott Point of Care Inc (7090005)	Project		3-Movable, Non-Elect
MNR0051	O/O	Precision Xceed Pro	Abbott Point of Care Inc (MIS70900)	Draft (New)	Unassigned	Unassigned
6403-025	4	Monitor, Blood Glucose, Point-of-Care	Roche Diagnostics Corporation	Project		3-Movable, Non-Elect
MNR0070	0/0	ACCU-CHEK Inform II Meter & Base Unit	(05060311001/05060290001) Roche Diagnostics Corporation ()	Draft (New)	Unassigned	Unassigned
6451-003	1	Dispenser, Medication, Lock Module	BD - Pyxis (MSRM)	Project		3-Movable, Non-Elect
MED0110	O/V	SMART Remote Manager	BD - Pyxis (MSRM)	Draft (New)	Unassigned	Unassigned

Item Summary



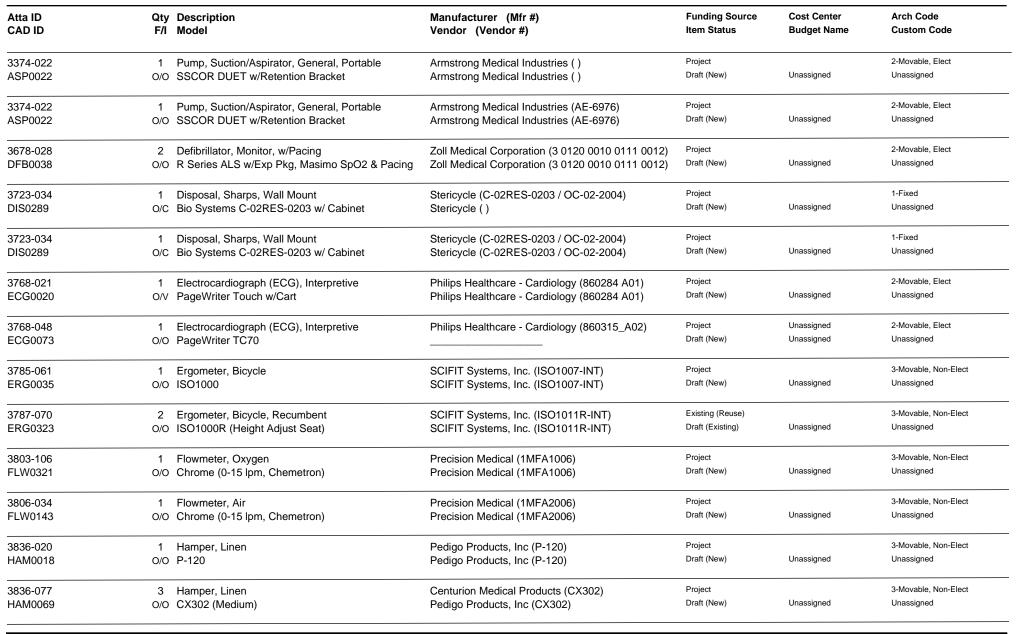




Item Summary

Atta ID	Qty Description	Manufacturer (Mfr #)	Ū	Cost Center	Arch Code
CAD ID	F/I Model	Vendor (Vendor #)		Budget Name	Custom Code
C-374149 C-374149	2 Lift, Patient, Ceiling, 1-Bed O/V Molift Nomad	ETAC USA ()	Existing (Reuse) Draft (Existing)	Unassigned	1-Fixed Unassigned

Item Summary







Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4071-007 MON0774	1 0/0	Monitor, Physiologic, Vital Signs, w/Stand Ultraview DM3 (Masimo SpO2, NIBP, Temp)w/Roll Stand	Spacelabs Healthcare (91330-MT/016-0823-00) Spacelabs Healthcare ()	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4132-015 PLT0016	1 0/V	Plethysmograph, Pulmonary Function Platinum Elite - DX RTD	MGC Diagnostics (830008-002)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4177-039 INF0032	1 0/0	Pump, Infusion, Single SIGMA Spectrum (w/ Standard Battery)	Baxter Healthcare - Sigma Pumps (35700BAX/35724) Baxter Healthcare - Sigma Pumps (35700BAX/35724)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4194-014	4	Rack, Cylinder, Floor	W.T. Farley (CR-DR06E)	Project	Unassigned	3-Movable, Non-Elect
RCK0092	0/0	CR-DR06E (C,D,E; 6 Cap)	W.T. Farley (CR-DR06E)	Draft (New)		Unassigned
4248-026	1	Regulator, Suction, Intermittent/Continuous	Precision Medical (PM3305)	Project	Unassigned	3-Movable, Non-Elect
REG0029	0/0	PM3305 (Chemetron/Tubing Npl)	Precision Medical (PM3305)	Draft (New)		Unassigned
4266-032	1	Scale, Clinical, Adult, Digital, Floor	Detecto Scale- Div.Cardinal Scale Mfg (APEX)	Project	Unassigned	2-Movable, Elect
SCL0090	0/0	apex w/ Mechanical Height Rod	Detecto Scale- Div.Cardinal Scale Mfg (APEX)	Draft (New)		Unassigned
4347-001 SPH0019	1 0/0	Sphygmomanometer, Aneroid, Mobile 767 Mobile Aneroid w/ Adult Cuff	Hillrom - Welch Allyn, Inc. (7670-03)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4361-019	1	Stand, IV, Chrome	Blickman Industries (0561350400)	Project	Unassigned	3-Movable, Non-Elect
IVS0059	0/0	1350-4 (5-Leg, 4-Hook)	Blickman Industries (0561350400)	Draft (New)		Unassigned
4414-017	2	Stool, Exam, Cushion-Seat	Pedigo Products, Inc (P-536-GS-BLK)	Project	Unassigned	3-Movable, Non-Elect
STL0039	0/0	P-536-GS	Pedigo Products, Inc (P-536-GS-BLK)	Draft (New)		Unassigned
4426-027	1	Stress Test System, General	Philips Healthcare - Cardiology ()	Existing (Reuse)	Unassigned	2-Movable, Elect
STS0614	O/C	ST80i Stress Testing System	Philips Healthcare - Cardiology ()	Draft (Existing)		Unassigned
4429-046 STR0538	2 0/0	Stretcher, Transport Wide Transport 748 (30' Litter) ST104	Stryker Medical (0748-000-000)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4522-035 TTY0076			Scottcare Corporation (DS2) Scottcare Corporation ()	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned

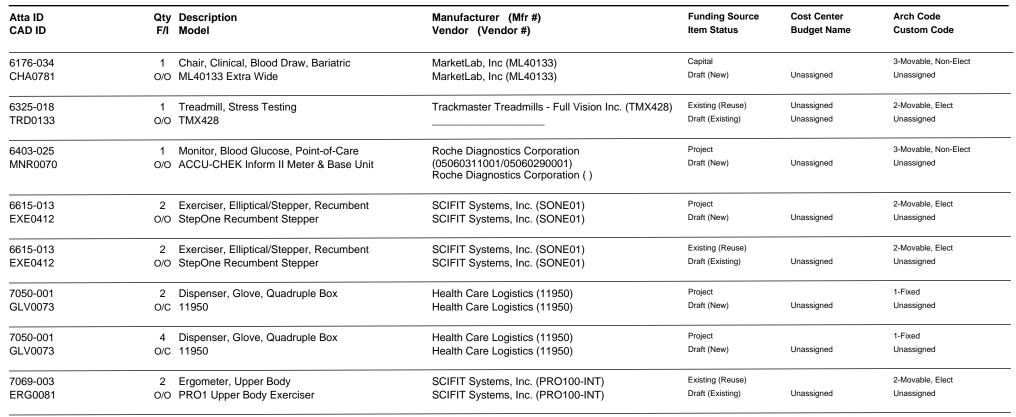




Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr#) Vendor (Vendor#)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4687-070	1	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883564)	Project		3-Movable, Non-Elect
WST0460	0/0	1883564 Slim Jim Front Step 8 Gal./Red	Rubbermaid Commercial Products (1883564)	Draft (New)	Unassigned	Unassigned
4688-028	7	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	0/0	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4797-006	1	Monitor, Central Station, Telemetry, General	Scottcare Corporation (101737)	Project	Unassigned	2-Movable, Elect
MTT0049	O/V	TeleRehab VersaCare (12 Channel)		Draft (New)	Unassigned	Unassigned
4868-100	3	Treadmill, Exercise (Rehab/PT)	SCIFIT Systems, Inc. (AC5000M-INT)	Existing (Reuse)		2-Movable, Elect
TRD0113	0/0	AC5000M Medical Treadmill	SCIFIT Systems, Inc. (AC5000M-INT)	Draft (Existing)	Unassigned	Unassigned
4868-100	1	Treadmill, Exercise (Rehab/PT)	SCIFIT Systems, Inc. (AC5000M-INT)	Project		2-Movable, Elect
TRD0113	0/0	AC5000M Medical Treadmill	SCIFIT Systems, Inc. (AC5000M-INT)	Draft (New)	Unassigned	Unassigned
5372-006	1	Pulmonary Function Testing System, General	Vyaire Medical (775205-101)	Project		2-Movable, Elect
PFT0006	O/V	Vmax Spectra VS 22D		Draft (New)	Unassigned	Unassigned
5859-013	1	Cart, Procedure, Resuscitation	Armstrong Medical Industries (PBL-AR-30)	Project		3-Movable, Non-Elect
PRC0127	0/0	PBL-AR-30 Premier Aluminum Breakaway 6-Dwr (Red)	Armstrong Medical Industries (PBL-AR-30)	Draft (New)	Unassigned	Unassigned
5859-057	1	Cart, Procedure, Resuscitation	Waterloo Healthcare ()	Project		3-Movable, Non-Elect
PRC0164	0/0	UTRLA-333369-RED	Waterloo Healthcare ()	Draft (New)	Unassigned	Unassigned
5863-863	1	Cart, Procedure, General	InterMetro Industries Corp (MBPC3110TL)	Existing (Reuse)		3-Movable, Non-Elect
PRC2056	O/O	Basix Plus Compact MBPC3110TL (5-Drawer)	InterMetro Industries Corp (MBPC3110TL)	Draft (Existing)	Unassigned	Unassigned
5868-013	2	Dispenser, Soap, Wall Mount	GOJO Industries (5160-06)	Project		1-Fixed
DSP0030	O/C	Provon FMX-12/1250mL (5160-06)	GOJO Industries (5160-06)	Draft (New)	Unassigned	Unassigned
5869-042	2	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project		1-Fixed
DSP0825	O/O	Purell LTX-12 White (1920-04)	GOJO Industries (1920-04)	Draft (New)	Unassigned	Unassigned
6084-087	2	Dispenser, Paper Towel, Surface Mount	Georgia Pacific (59498A)	Project		1-Fixed
DSP1065	O/C		Georgia Pacific (59498A)	Draft (New)	Unassigned	Unassigned



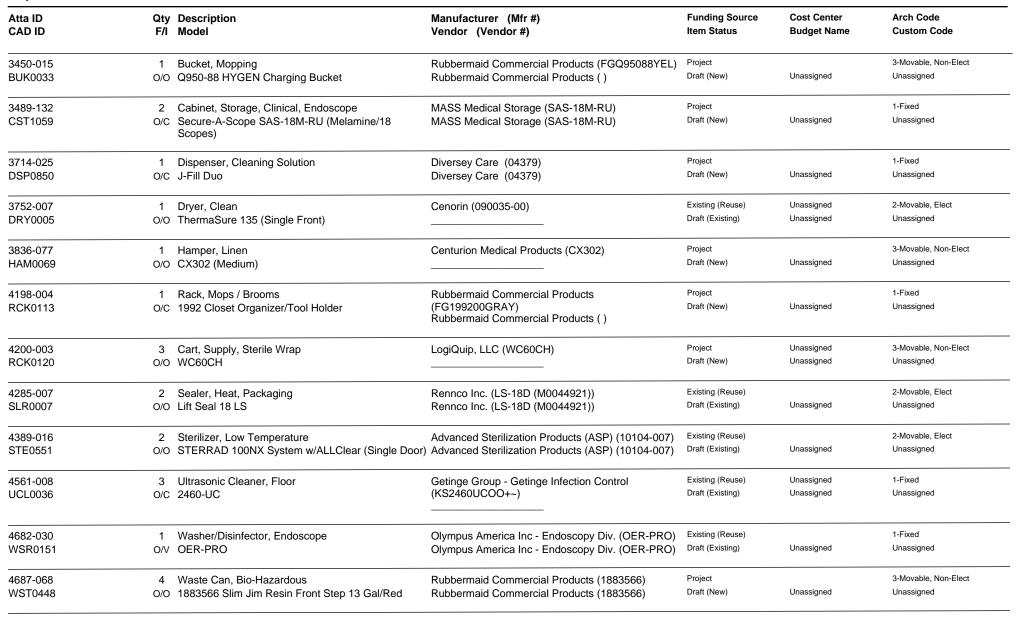
Item Summary







Department: Central Sterile





Qtv Description

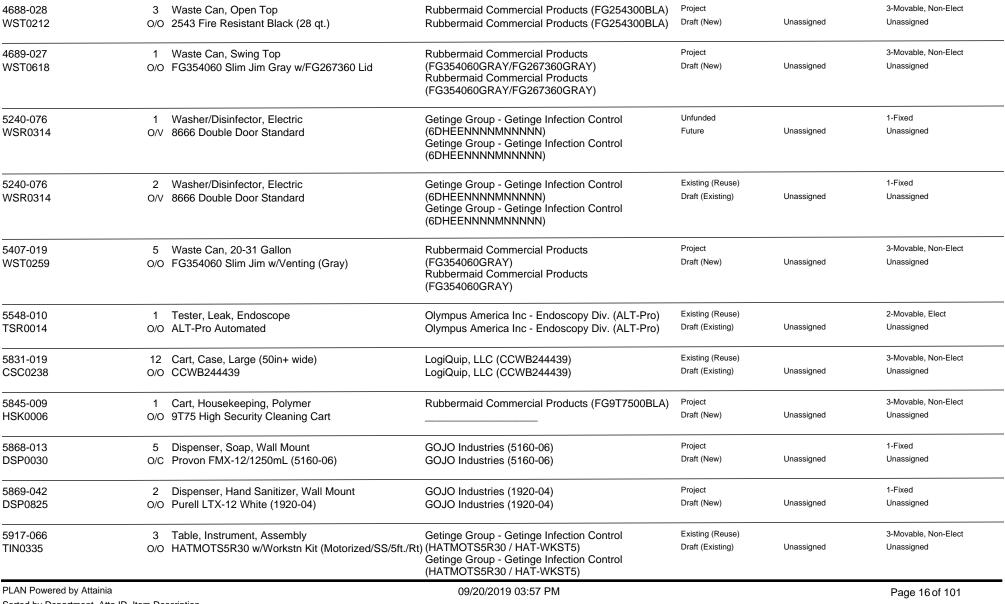
F/I Model

Item Summary

Atta ID

CAD ID

Department: Central Sterile



Manufacturer (Mfr #)

Vendor (Vendor #)



Arch Code

Custom Code

Funding Source

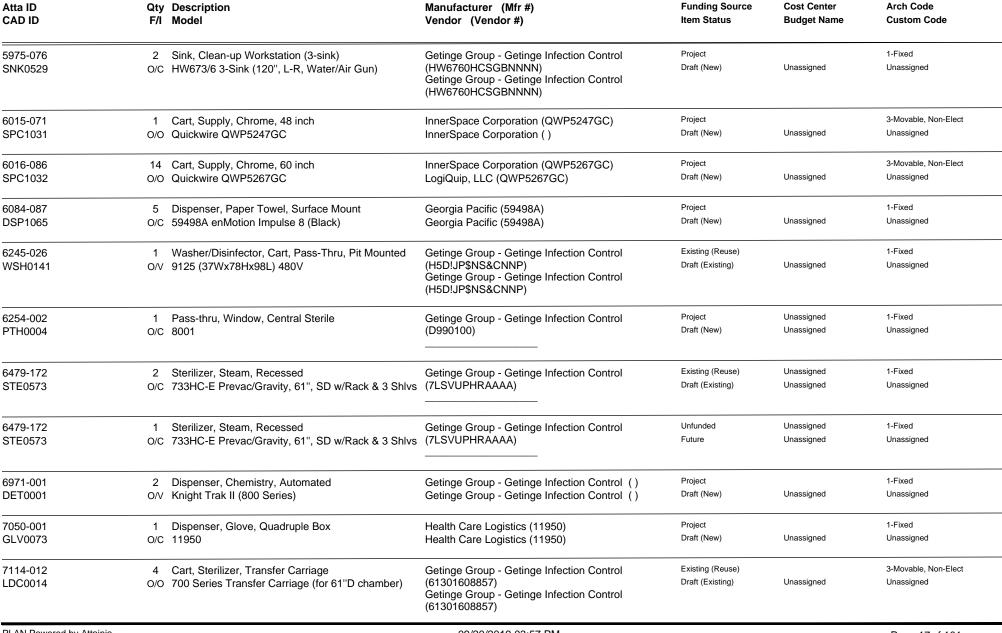
Item Status

Cost Center

Budget Name

Item Summary

Department: Central Sterile







Department: Central Sterile

Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
7186-017 ALL0002	1 0/0	Instruments, Surgical, Allowance Budget	To Be Determined ()	Project Draft (New)	Unassigned	4-Instruments Unassigned
7318-012	2	Rack, Dunnage, 36 in.	InterMetro Industries Corp (MHP33C)	Project	Unassigned	3-Movable, Non-Elect
RCK0530	0/0	Super Erecta Mobile MHP33C	InterMetro Industries Corp (MHP33C)	Draft (New)		Unassigned
8793-002	1	Washer/Disinfector, Transducer	Nanosonics Inc. (N00010)	Existing (Reuse)	Unassigned	2-Movable, Elect
WSR0203	O/O	Trophon EPR	Nanosonics Inc. (N00010)	Draft (Existing)		Unassigned
9425-001	1	Pump, Flushing, Endoscope Channel	Medivators Inc. (EFA-US-G)	Project	Unassigned	1-Fixed
PMP0071	O/C	Scope Buddy	Medivators Inc. (EFA-US-G)	Draft (New)		Unassigned
9693-011	1	Dryer, Sterile Air, Pass Thru	Natus Neurology (54344-M320)	Project	Unassigned	2-Movable, Elect
DRY0055	0/0	Model 44 (Pass-thru)	Natus Neurology ()	Draft (New)		Unassigned

Item Summary

Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3370-054 ANE0048	1 0/V	Anesthesia Machine, General S/5 Avance	GE Healthcare - Anesthesia Delivery (1009-9002- 000) Draeger Medical, Inc. (1009-9002-000)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3374-022	1	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries ()	Project	Unassigned	2-Movable, Elect
ASP0022	0/0	SSCOR DUET w/Retention Bracket	Armstrong Medical Industries ()	Draft (New)		Unassigned
3392-037	1	Balance, Lab, Analytical	Sartorius Corporation (PRACTUM124-1S)	Project	Unassigned	3-Movable, Non-Elect
BAL0101	0/0	Practum 124-1S	Sartorius Corporation (PRACTUM124-1S)	Draft (New)		Unassigned
3441-013	3	Board, Patient Transfer Device	Armstrong Medical Industries (AE-150)	Project	Unassigned	3-Movable, Non-Elect
BRD0014	O/C	AE-150 Slippery Slider (22W x 72L)	Armstrong Medical Industries ()	Draft (New)		Unassigned
3446-075 BRK1007	1 O/C	Bracket, Monitor, Wall 19" Seis Ch M Series (for Spacelabs qube)	GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01) GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01)	Project Draft (New)	Unassigned	1-Fixed Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project	Unassigned	3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)		Unassigned
3490-009 CST0335	1 0/0	Cabinet, Storage, Clinical, Lead Lined 244-160 Decay and Storage (1/4" lead)	Biodex Medical Systems, Inc. (244-160) Biodex Medical Systems, Inc. (244-160)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3490-023 CST0349	1 0/0	Cabinet, Storage, Clinical, Lead Lined 244-190 Preparation Enclosure Base	Biodex Medical Systems, Inc. (244-190) Biodex Medical Systems, Inc. (244-190)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3616-016	1	Chair, Clinical, Recliner, Treatment	Winco ()	Project	Unassigned	3-Movable, Non-Elect
CHA0162	0/0	CareCliner 6530	Winco ()	Draft (New)		Unassigned
3678-038	1	Defibrillator, Monitor, w/Pacing	Stryker - Physio-Control, Inc ()	Project	Unassigned	2-Movable, Elect
DFB0118	0/0	LIFEPAK 20e (w/Pacing, SpO2)	Stryker - Physio-Control, Inc ()	Draft (New)		Unassigned
3708-109	4	Dispenser, Medication, Host (Main)	BD - Pyxis (M4MB2DR7W0)	Project	Unassigned	2-Movable, Elect
MED0176	O/V	Pyxis MedStation 4000 (2-Drwr, 0 Cubie)	BD - Pyxis ()	Draft (New)		Unassigned
3714-025	1	Dispenser, Cleaning Solution	Diversey Care (04379)	Project	Unassigned	1-Fixed
DSP0850	O/C	J-Fill Duo	Diversey Care (04379)	Draft (New)		Unassigned

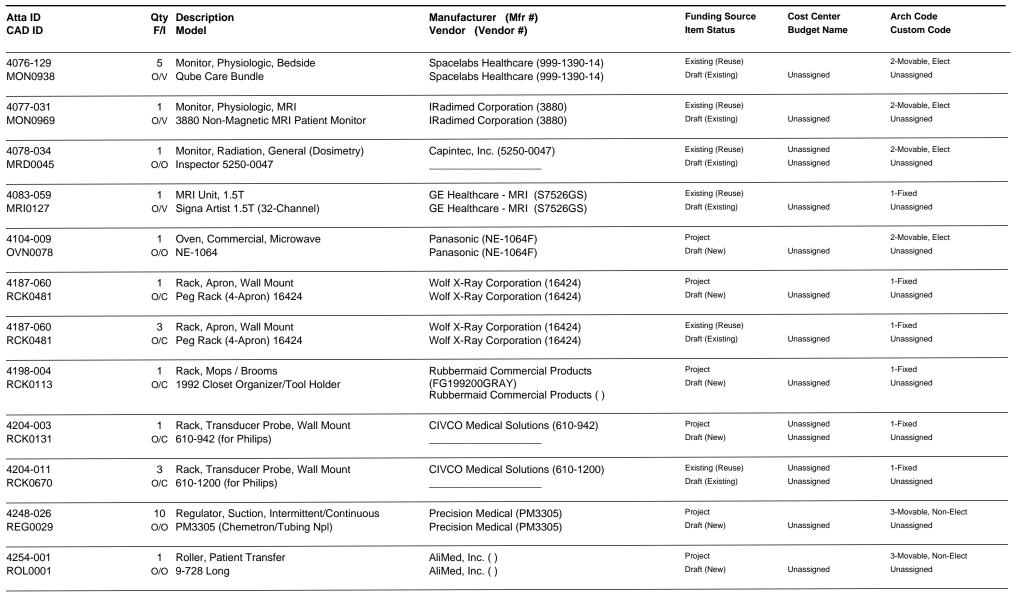


Item Summary

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3723-034	1	Disposal, Sharps, Wall Mount	Stericycle (C-02RES-0203 / OC-02-2004)	Existing (Reuse)		1-Fixed
DIS0289	O/C	Bio Systems C-02RES-0203 w/ Cabinet	Stericycle (C-02RES-0203 / OC-02-2004)	Draft (Existing)	Unassigned	Unassigned
3723-034	11		Stericycle (C-02RES-0203 / OC-02-2004)	Project		1-Fixed
DIS0289	O/C	Bio Systems C-02RES-0203 w/ Cabinet	Stericycle (C-02RES-0203 / OC-02-2004)	Draft (New)	Unassigned	Unassigned
3728-014	1	Dose Calibrator, General	Biodex Medical Systems, Inc. ()	Existing (Reuse)		2-Movable, Elect
DOS0017	0/0	086-330 Atomlab 500	Biodex Medical Systems, Inc. ()	Draft (Existing)	Unassigned	Unassigned
3803-106		Flowmeter, Oxygen	Precision Medical (1MFA1006)	Project		3-Movable, Non-Elect
FLW0321	0/0	Chrome (0-15 lpm, Chemetron)	Precision Medical (1MFA1006)	Draft (New)	Unassigned	Unassigned
3806-000	1	Flowmeter, Air		Project		3-Movable, Non-Elect
FLW0000	0/0	·		Draft (New)	Unassigned	Unassigned
3806-034	5	Flowmeter, Air	Precision Medical (1MFA2006)	Project		3-Movable, Non-Elect
FLW0143	0/0	Chrome (0-15 lpm, Chemetron)	Precision Medical (1MFA2006)	Draft (New)	Unassigned	Unassigned
3836-077	1	Hamper, Linen	Centurion Medical Products (CX302)	Existing (Reuse)		3-Movable, Non-Elect
HAM0069	0/0	CX302 (Medium)	Pedigo Products, Inc (CX302)	Draft (Existing)	Unassigned	Unassigned
3836-077	9	Hamper, Linen	Centurion Medical Products (CX302)	Project		3-Movable, Non-Elect
HAM0069	0/0	CX302 (Medium)	Pedigo Products, Inc (CX302)	Draft (New)	Unassigned	Unassigned
3855-001	1	Hood, Horizontal Laminar Flow	Baker Company (EG3252)	Project		1-Fixed
HOD0006	O/C	EdgeGARD HF EG3252	Baker Company (EG3252)	Draft (New)	Unassigned	Unassigned
3857-001	1	Hood, Radioisotope, Benchtop	Baker Company (RI4)	Project		1-Fixed
HOD0036	O/C	ChemGARD RI4		Draft (New)	Unassigned	Unassigned
3885-003	1	Immobilizer, Infant / Child, Radiographic	Modern Way Immobilizers, Inc. (MWI) (D1)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
IMM0002	0/0	Pigg-O-Stat		Draft (Existing)	Unassigned	Unassigned
3909-007	1	Injector, Contrast Media, Ceiling Mount	Bayer HealthCare Radiology ()	Project		1-Fixed
INJ0022	O/C	Stellant SX CT w/OCS Ceiling Mount	Bayer HealthCare Radiology ()	Draft (New)	Unassigned	Unassigned
3994-023	1	Mattress, Air Transfer, Patient	HoverTech International (HM28HS)	Project	Unassigned	3-Movable, Non-Elect
MTS0016	0/0			Draft (New)	Unassigned	Unassigned

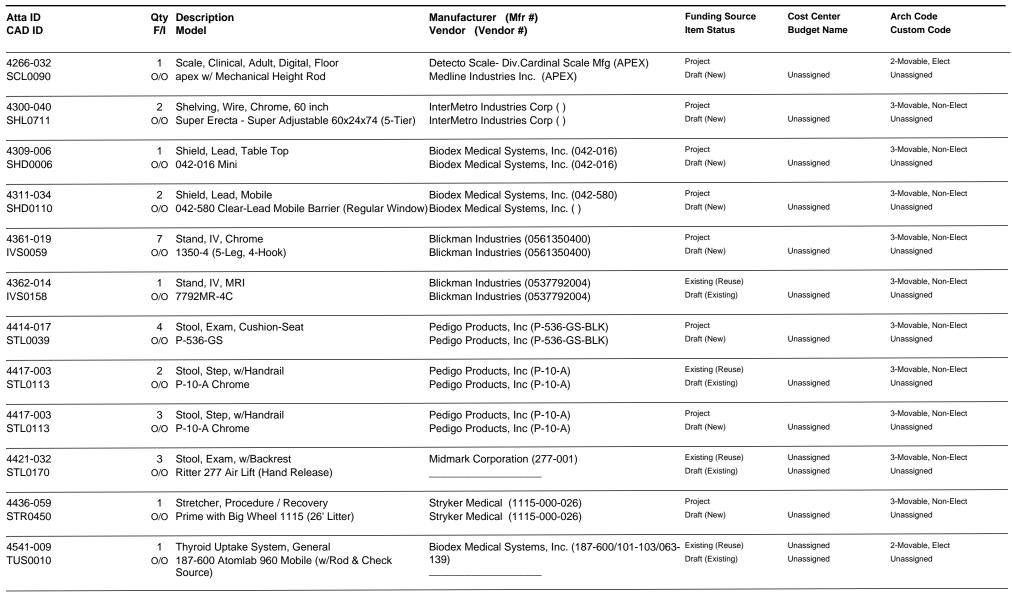


Item Summary





Item Summary



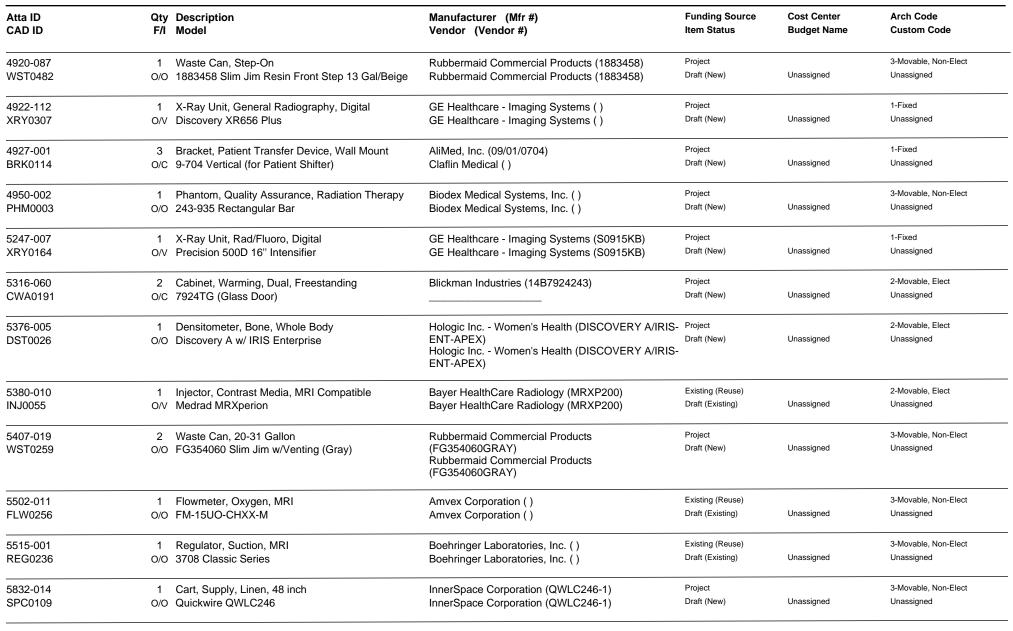






Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4666-017	4	Warmer, Gel	Parker Laboratories Inc. (82-03)	Existing (Reuse)	Unassigned	2-Movable, Elect
WMR0088	O/O	Thermasonic 82-03 LED (3-Bottle)		Draft (Existing)	Unassigned	Unassigned
4687-068	6	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Project		3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (New)	Unassigned	Unassigned
4687-070	4	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883564)	Project		3-Movable, Non-Elect
WST0460	0/0	1883564 Slim Jim Front Step 8 Gal./Red	Rubbermaid Commercial Products (1883564)	Draft (New)	Unassigned	Unassigned
4688-028	24	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	0/0	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4692-001	1	Waste Can, Lead-lined	Biodex Medical Systems, Inc. (039-106)	Project		3-Movable, Non-Elect
WST0077	0/0	039-106	Biodex Medical Systems, Inc. (039-106)	Draft (New)	Unassigned	Unassigned
4718-005	1	Wheelchair, Adult, MRI	Newmatic Medical (WC18D)	Existing (Reuse)		3-Movable, Non-Elect
WCR0073	0/0	WC18D	Newmatic Medical (WC18D)	Draft (Existing)	Unassigned	Unassigned
4740-017	1	X-Ray Unit, C-Arm, Mini	OrthoScan Inc. (1000-0004-ORP)	Project	Unassigned	2-Movable, Elect
CRM0085	O/V	OrthoScan FD Pulse		Draft (New)	Unassigned	Unassigned
4744-016	1	X-Ray Unit, Mammography, Digital	Hologic Inc Women's Health (DIMENSIONS 2D /	Existing (Reuse)		1-Fixed
MAM0036	O/V	Selenia Dimensions 2D Avia Package	AVIA PKG) Hologic Inc Women's Health (DIMENSIONS 2D / AVIA PKG)	Draft (Existing)	Unassigned	Unassigned
4778-001	2	Equipment to be Determined	To Be Determined ()	Project		3-Movable, Non-Elect
ALL0011	0/0	TBD	To Be Determined ()	Draft (New)	Unassigned	Unassigned
4808-015	1	Ultrasound, Imaging, Cardiac / Echo	Philips Healthcare - Imaging Systems (NNAU731)	Project	Unassigned	2-Movable, Elect
ULT0085	0/0	iE33		Draft (New)	Unassigned	Unassigned
4808-053	3	Ultrasound, Imaging, Cardiac / Echo	Philips Healthcare - Imaging Systems (NNAP677)	Project	Unassigned	2-Movable, Elect
ULT0314	0/0	EPIQ 7C		Draft (New)	Unassigned	Unassigned
4920-071	5	Waste Can, Step-On	Rubbermaid Commercial Products (1883552)	Project		3-Movable, Non-Elect
WST0406	0/0		Rubbermaid Commercial Products (1883552)	Draft (New)	Unassigned	Unassigned

Item Summary





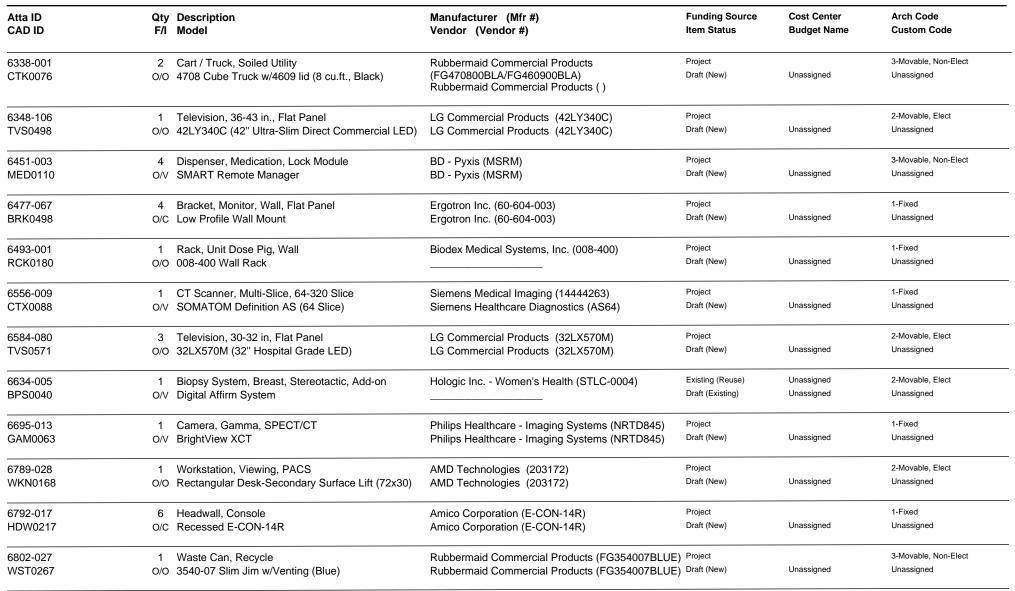


Atta ID	•	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
5845-009 HSK0006	1 0/0	Cart, Housekeeping, Polymer 9T75 High Security Cleaning Cart	Rubbermaid Commercial Products (FG9T7500BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5857-159	7	Cart, Supply, Enclosed	InnerSpace Corporation (4200DGAL-SC)	Project	Unassigned	3-Movable, Non-Elect
SPC1175	0/0	4200DGAL-SC Dbl. Wide (Split Center Column)	InnerSpace Corporation ()	Draft (New)		Unassigned
5859-057	1	Cart, Procedure, Resuscitation	Waterloo Healthcare ()	Project	Unassigned	3-Movable, Non-Elect
PRC0164	0/0	UTRLA-333369-RED	Waterloo Healthcare ()	Draft (New)		Unassigned
5863-335	1	Cart, Procedure, General	Armstrong Medical Industries (PKL-COLOR-24)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
PRC0953	0/0	PKL-COLOR-24 Premier Aluminum Key Lock 5-Dwr		Draft (Existing)	Unassigned	Unassigned
5863-450	1	Cart, Procedure, General	InnerSpace Corporation (7300-33W-03-7)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
PRC1222	0/0	7300-33W-03-7 White w/Elect. Lock & Prox Card Rd	r InnerSpace Corporation (7300-33W-03-7)	Draft (Existing)		Unassigned
5869-042 DSP0825	1 O/C	Dispenser, Hand Sanitizer, Wall Mount Purell LTX-12 White (1920-04)	GOJO Industries (1920-04)	Project Draft (New)	Unassigned	1-Fixed Unassigned
5869-042	5	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project	Unassigned	1-Fixed
DSP0825	O/O	Purell LTX-12 White (1920-04)	GOJO Industries (1920-04)	Draft (New)		Unassigned
5934-014	1	Table, Overbed, General	Stryker Medical (3150-000-100)	Project	Unassigned	3-Movable, Non-Elect
TOB0013	0/0	Tru-Fit Single Top w/o Vanity	Stryker Medical (3150-000-100)	Draft (New)		Unassigned
5948-018	4	Table, Imaging, Ultrasound	Heritage Medical Worldwide (Sono 4)	Project	Unassigned	2-Movable, Elect
TIM0015	0/0	SonoBed Multi-Specialty		Draft (New)	Unassigned	Unassigned
6015-071	1	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1031	0/0	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)		Unassigned
6050-143	1	Refrigerator, Commercial, Undercounter	Summit Appliance (FF1843BSSADA)	Project	Unassigned	2-Movable, Elect
REF1907	0/0	FF1843BSSADA (ADA/Stainless Steel)	Summit Appliance (FF1843BSSADA)	Draft (New)		Unassigned
6060-008	3	Rack, Storage	Hologic Inc Women's Health (ASY-04662)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
RCK1121	0/0	Selenia Dimensions Paddle Rack ASY-04662		Draft (Existing)	Unassigned	Unassigned
6260-012	5	Stand, Mayo, Foot-Operated	Pedigo Products, Inc (P-1066-SS)	Project	Unassigned	3-Movable, Non-Elect
MAY0011	O/O	P-1066-SS	Pedigo Products, Inc (P-1066-SS)	Draft (New)		Unassigned



Item Summary

Department: Diagnostic Imaging





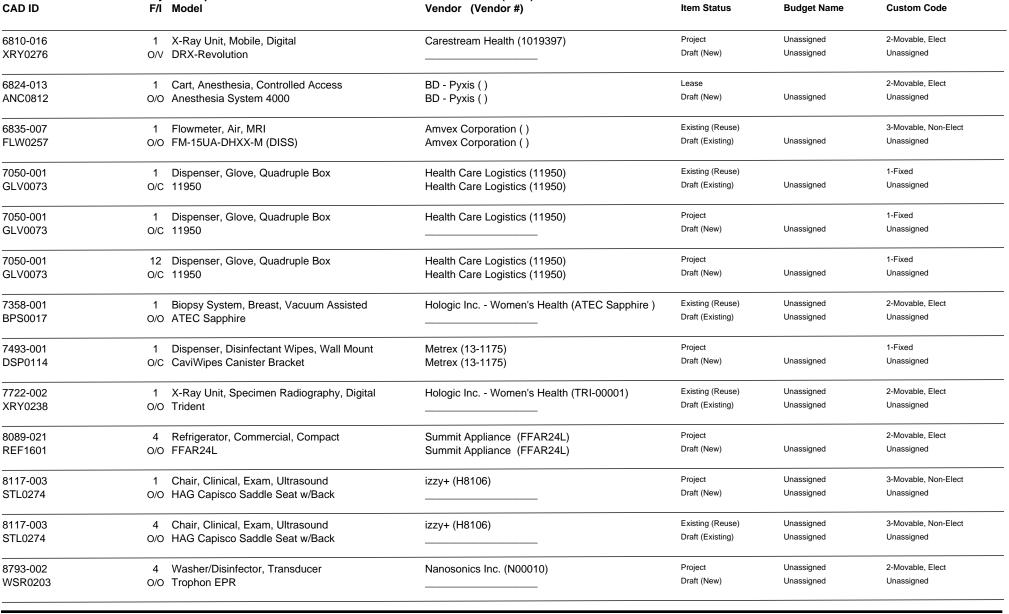
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Qtv Description

Item Summary

Atta ID

Department: Diagnostic Imaging



Manufacturer (Mfr #)



Arch Code

Funding Source

Cost Center

Item Summary



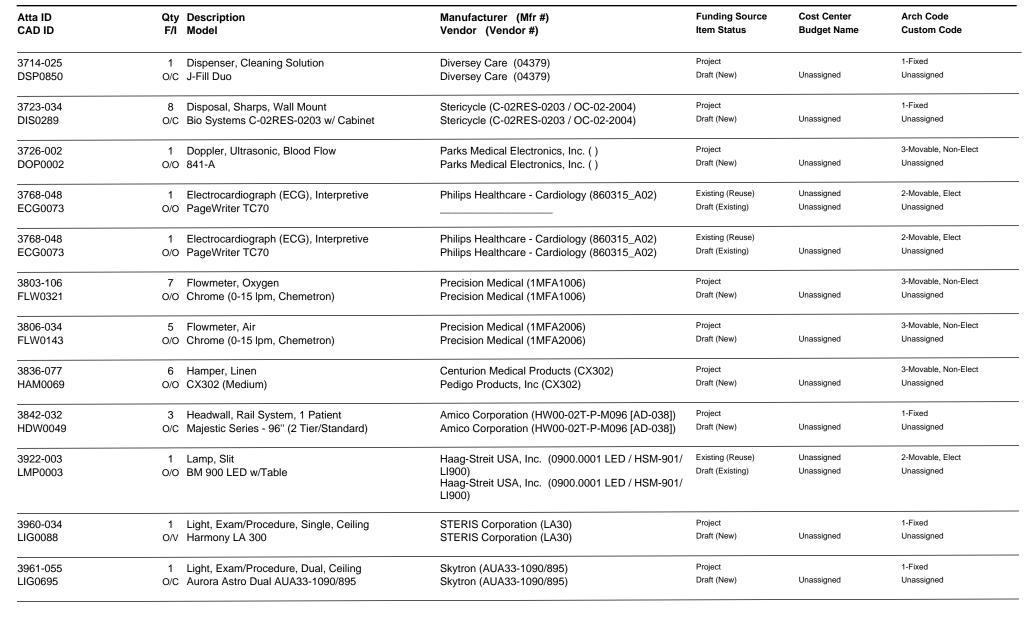
Atta ID	Qty Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
9589-012	2 Refrigerator, Medical Grade, Undercounter	Follett LLC (REF5P-00-00)	Project	Unassigned	2-Movable, Elect
REF1388	O/O REF5P Performance Plus Medical Grade	Follett LLC (REF5P-00-00)	Draft (New)		Unassigned
C-374149 C-374149	1 Lift, Patient, Ceiling, 1-Bed O/V Molift Nomad	ETAC USA ()	Existing (Reuse) Draft (Existing)	Unassigned	1-Fixed Unassigned

Item Summary



Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
3355-010	2	Analyzer, Lab, Glucose, Point-of-Care	Nova Biomedical (53398/53400)	Existing (Reuse)		2-Movable, Elect
ANA0702	0/0	-		Draft (Existing)	Unassigned	Unassigned
3372-122	4	Apron, Lead	AliMed, Inc. ()	Project		3-Movable, Non-Elect
APR0155	0/0	937191 Grab 'n Go Weight Reliever (Medium)	AliMed, Inc. ()	Draft (New)	Unassigned	Unassigned
3374-022	1	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries (AE-6976)	Project		2-Movable, Elect
ASP0022	0/0	SSCOR DUET w/Retention Bracket	Armstrong Medical Industries (AE-6976)	Draft (New)	Unassigned	Unassigned
3374-022	2	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries ()	Project		2-Movable, Elect
ASP0022	0/0	SSCOR DUET w/Retention Bracket	Armstrong Medical Industries ()	Draft (New)	Unassigned	Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project		3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
3451-001	4	Bucket, Kick	Pedigo Products, Inc (P-1020-SS)	Project		3-Movable, Non-Elect
BUK0014	0/0	P-1020-SS	Pedigo Products, Inc (P-1020-SS)	Draft (New)	Unassigned	Unassigned
3626-024	1	Clock, Elapsed Time, Wall Mount	Primex, Inc (XRA7Y202EF-1)	Project	Unassigned	1-Fixed
CLK0166	O/C	XR Levo Elapsed Flush Mount (2.5", 6-Digit)		Draft (New)	Unassigned	Unassigned
3628-011	1	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Existing (Reuse)		1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (Existing)	Unassigned	Unassigned
3628-011	1	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Project		1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (New)	Unassigned	Unassigned
3678-028	4	Defibrillator, Monitor, w/Pacing	Zoll Medical Corporation (3 0120 0010 0111 0012)	Existing (Reuse)		2-Movable, Elect
DFB0038	0/0	R Series ALS w/Exp Pkg, Masimo SpO2 & Pacing	Zoll Medical Corporation (3 0120 0010 0111 0012)	Draft (Existing)	Unassigned	Unassigned
3708-111	1	Dispenser, Medication, Host (Main)	BD - Pyxis (M4MB6DR7W3)	Existing (Reuse)		2-Movable, Elect
MED0181	0/V	MedStation 4000 (6-Drwr, 3 Cubie)	BD - Pyxis (M4MB6DR7W3)	Draft (Existing)	Unassigned	Unassigned
3711-029	1	Dispenser, Medication, Auxiliary	BD - Pyxis (M4A4DO)	Existing (Reuse)		2-Movable, Elect
MED0172	0/V	Pyxis MedStation 4000 Single Column (4 Door)	BD - Pyxis (M4A4DO)	Draft (Existing)	Unassigned	Unassigned
3713-017	1	Dispenser, Supply, Auxiliary	BD - Pyxis (S30A4DO0DR)	Existing (Reuse)		2-Movable, Elect
SUP0032	O/V	SupplyStation 30 Single Column	BD - Pyxis (S30A4DO0DR)	Draft (Existing)	Unassigned	Unassigned

Item Summary

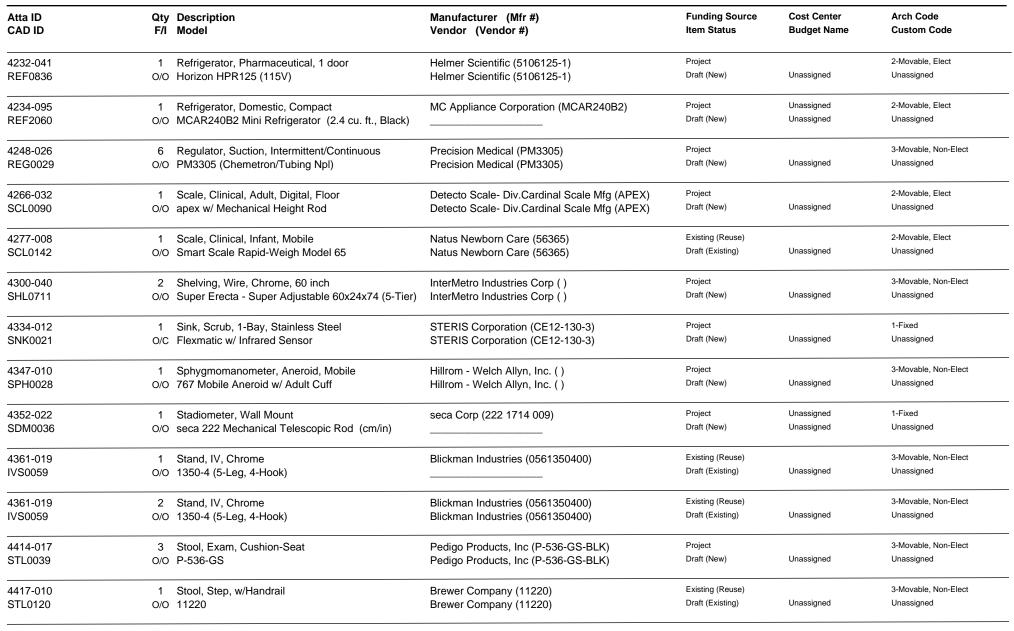




Item Summary

Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
3971-051 LIG0644	1 0/0	Light, Exam/Procedure, Single, Mobile, Articulating Arm Ritter 255 LED Mobile	Midmark Corporation (255-005) Midmark Corporation (255-005)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4055-010 CSM0065	1 0/V	Monitor, Central Station, 16 Patient Xhibit Central Station (16 beds)	Spacelabs Healthcare (96102-16 Bundle) Spacelabs Healthcare (96102-16 Bundle)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4071-007 MON0774		Monitor, Physiologic, Vital Signs, w/Stand Ultraview DM3 (Masimo SpO2, NIBP, Temp)w/Roll Stand	Spacelabs Healthcare (91330-MT/016-0823-00) Spacelabs Healthcare ()	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4076-129 MON0938	3 0/V	Monitor, Physiologic, Bedside Qube Care Bundle	Spacelabs Healthcare (999-1390-14) Spacelabs Healthcare (999-1390-14)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4076-129 MON0938	1 0/0	Monitor, Physiologic, Bedside Qube Care Bundle	Spacelabs Healthcare (999-1390-14) Spacelabs Healthcare (999-1390-14)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4104-009 OVN0078		Oven, Commercial, Microwave NE-1064	Panasonic (NE-1064F) Panasonic (NE-1064F)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4107-033 OXM0449		Oximeter, Pulse Rad-87 (Horizontal)	Masimo Corp. () Masimo Corp. ()	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4109-043 OXM0450	1 0/0	Oximeter, Pulse, Hand Held Radical-7 (Color Screen)	Masimo Corp. () Masimo Corp. ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4177-039 INF0032		Pump, Infusion, Single SIGMA Spectrum (w/ Standard Battery)	Baxter Healthcare - Sigma Pumps (35700BAX/35724) Baxter Healthcare - Sigma Pumps (35700BAX/35724)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4194-014 RCK0092		Rack, Cylinder, Floor CR-DR06E (C,D,E; 6 Cap)	W.T. Farley (CR-DR06E) W.T. Farley (CR-DR06E)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4198-004 RCK0113	1 O/C	Rack, Mops / Brooms 1992 Closet Organizer/Tool Holder	Rubbermaid Commercial Products (FG199200GRAY) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned

Item Summary









Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4429-046 STR0538	1 0/0	Stretcher, Transport Wide Transport 748 (30' Litter) ST104	Stryker Medical (0748-000-000)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4434-001	1	Stretcher, Procedure, OB/GYN	Stryker Medical (1061-000-000)	Project	Unassigned	3-Movable, Non-Elect
STR0073	0/0	Gynnie	Stryker Medical (1061-000-000)	Draft (New)		Unassigned
4436-060	3	Stretcher, Procedure / Recovery	Stryker Medical (1115-000-030)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
STR0451	0/0	Prime with Big Wheel 1115 (30' Litter)	Stryker Medical (1115-000-030)	Draft (Existing)		Unassigned
4550-010	1	Tonometer, Automatic	Haag-Streit USA, Inc. (AT 900)	Existing (Reuse)	Unassigned	2-Movable, Elect
TON0013	0/0	AT 900 Goldmann Applanation		Draft (Existing)	Unassigned	Unassigned
4569-144	1	Ultrasound, Imaging, Multipurpose	Philips Healthcare - Imaging Systems (NNAP101)	Existing (Reuse)	Unassigned	2-Movable, Elect
ULT0301	0/0	Sparq		Draft (Existing)	Unassigned	Unassigned
4569-166	1	Ultrasound, Imaging, Multipurpose	FUJIFILM SonoSite, Inc (L22406/L21432)	Existing (Reuse)	Unassigned	2-Movable, Elect
ULT0363	0/0	SonoSite SII w/Mobile Stand		Draft (Existing)	Unassigned	Unassigned
4579-002 VAC0014	1 0/0	Vacuum, Plaster, Mobile American Orthopedic Portable	BSN Medical, Inc. (0295-300)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4657-021	1	Warmer, Patient, Hypothermia	3M Infection Prevention Division (77500)	Project	Unassigned	2-Movable, Elect
WMR0107	0/0	Bair Hugger 775	Stryker Medical (77500)	Draft (New)		Unassigned
4687-068	1	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (Existing)		Unassigned
4687-072	1	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883568)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
WST0501	0/0	1883568 Slim Jim Resin Front Step 18 Gal/Red	Rubbermaid Commercial Products ()	Draft (Existing)		Unassigned
4688-028	30	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project	Unassigned	3-Movable, Non-Elect
WST0212	O/O	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)		Unassigned
4689-024 BIN0154	1 0/0	Waste Can, Swing Top FG354060 Slim Jim Beige w/FG267360 Lid	Rubbermaid Commercial Products (FG354060BEIG/FG267360BEIG) Rubbermaid Commercial Products (FG354060BEIG/FG267360BEIG)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned

Item Summary



Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4715-030 WCR0020		Wheelchair, Adult, Standard Breezy EC 2000 (16in seat)	Sunrise Medical () Sunrise Medical ()	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
4817-061 ICE0272	1 O/C	Ice Machine, Dispenser, Nugget, Countertop Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S) Follett LLC (110CT425A-S)	Existing (Reuse) Draft (Existing)	Unassigned	1-Fixed Unassigned
4920-071 WST0406	3 O/O		Rubbermaid Commercial Products (1883552) Rubbermaid Commercial Products (1883552)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4920-087 WST0482	3 O/O	Waste Can, Step-On 1883458 Slim Jim Resin Front Step 13 Gal/Beige	Rubbermaid Commercial Products (1883458) Rubbermaid Commercial Products (1883458)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4942-325 REF1461	2 0/0	Refrigerator, Domestic with Freezer GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW) GE Appliances (GTE18ETHWW)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5251-130 MON0937		Monitor, Physiologic, Vital Signs Qube Mini Shuttle Bundle	Spacelabs Healthcare (999-1389-02) Spacelabs Healthcare (999-1389-02)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5316-036 CWA0009	1 O/C	Cabinet, Warming, Dual, Freestanding 5624 (24" Deep, Pedestal Base, with Power Cord)	Getinge Group - Getinge Infection Control (SZ5624C+&/61301605436) Getinge Group - Getinge Infection Control (SZ5624C+&/61301605436)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5362-012 VNT0131	1 0/0	Ventilator, BiPAP Respironics V60 (w/Cart, Circuit Support Arm)	Philips Healthcare - Hospital Respiratory Care (HRC) (1113628)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
5407-019 WST0259		Waste Can, 20-31 Gallon FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5464-000 VND0000	1 O/V	Vending Machine, Food		Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5485-010 THM0040		Thermometer, Digital, Wall Mount SureTemp Plus 692 (Oral w/ ID)	Hillrom - Welch Allyn, Inc. (01692-300) Hillrom - Welch Allyn, Inc. (01692-300)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned

Item Summary



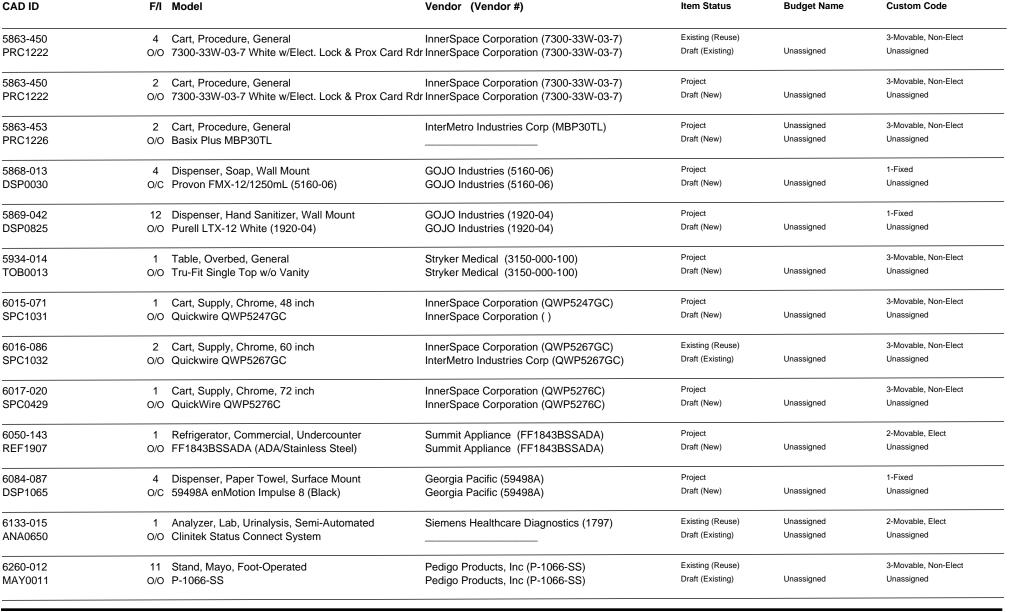
Atta ID CAD ID		Description Model	Manufacturer (Mfr#) Vendor (Vendor#)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
5705-001	1	Carrier, Chair, Scrub Sink	STERIS Corporation (CE00005)	Project		1-Fixed
CCH0001	O/C	Single Bay [CE00]	STERIS Corporation (CE00005)	Draft (New)	Unassigned	Unassigned
5755-002	1	Cutter, Cast	Stryker Instruments (0940-000-000)	Project		2-Movable, Elect
CUT0002	0/0	940	Stryker Instruments (0940-000-000)	Draft (New)	Unassigned	Unassigned
5794-001	1	Stand, Orthopedic, Plaster Casting	Mizuho OSI (3346)	Project		3-Movable, Non-Elect
ORP0001	0/0	3346 Forearm Reduction		Draft (New)	Unassigned	Unassigned
5832-014	1	Cart, Supply, Linen, 48 inch	InnerSpace Corporation (QWLC246-1)	Existing (Reuse)		3-Movable, Non-Elect
SPC0109	0/0	Quickwire QWLC246	InnerSpace Corporation (QWLC246-1)	Draft (Existing)	Unassigned	Unassigned
5835-070	1	Cart, Utility, Stainless	InterMetro Industries Corp ()	Project		3-Movable, Non-Elect
UTC0065	0/0	MW Series 18x24 (3-Shelf, Solid)	InterMetro Industries Corp ()	Draft (New)	Unassigned	Unassigned
5836-117	1	Cart, Utility, Polymer	Sage Products - Part of Stryker (7932)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
UTC0939	0/0	Cart 7932		Draft (Existing)	Unassigned	Unassigned
5845-009	1	Cart, Housekeeping, Polymer	Rubbermaid Commercial Products (FG9T7500BLA)	Project		3-Movable, Non-Elect
HSK0006	0/0	9T75 High Security Cleaning Cart		Draft (New)	Unassigned	Unassigned
5853-021	1	Cart, Procedure, Isolation	Armstrong Medical Industries (AKL-Y-4)	Existing (Reuse)		3-Movable, Non-Elect
PRC0091	0/0	AKL-Y-4 Standard Steel Key-Locking 4-Dwr (Bge/Yel)	Armstrong Medical Industries (AKL-Y-4)	Draft (Existing)	Unassigned	Unassigned
5853-021	2	Cart, Procedure, Isolation	Armstrong Medical Industries (AKL-Y-4)	Project		3-Movable, Non-Elect
PRC0091	0/0	AKL-Y-4 Standard Steel Key-Locking 4-Dwr (Bge/Yel)	Armstrong Medical Industries (AKL-Y-4)	Draft (New)	Unassigned	Unassigned
5855-013	1	Cart, Procedure, Cast	BSN Medical, Inc. (SN4094)	Project		3-Movable, Non-Elect
PRC0111	0/0	SN4094 Splint & Cast		Draft (New)	Unassigned	Unassigned
5859-013	2	Cart, Procedure, Resuscitation	Armstrong Medical Industries (PBL-AR-30)	Existing (Reuse)		3-Movable, Non-Elect
PRC0127	0/0	PBL-AR-30 Premier Aluminum Breakaway 6-Dwr (Red)	Armstrong Medical Industries (PBL-AR-30)	Draft (Existing)	Unassigned	Unassigned
5859-057		Cart, Procedure, Resuscitation	Waterloo Healthcare ()	Existing (Reuse)		3-Movable, Non-Elect
PRC0164	0/0	UTRLA-333369-RED	Waterloo Healthcare ()	Draft (Existing)	Unassigned	Unassigned

Qtv Description

Item Summary

Atta ID

Department: Emergency Services



Manufacturer (Mfr #)



Arch Code

Funding Source

Cost Center

Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
6292-024 WCR0218	1 0/0	Wheelchair, Adult, Bariatric Traveler HD (20" Seat, Full Arm, Elevating Leg)	GF Health Products, Inc Everest & Jennings (3G010350) GF Health Products, Inc Everest & Jennings (3G010350)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
6338-001 CTK0076		Cart / Truck, Soiled Utility 4708 Cube Truck w/4609 lid (8 cu.ft., Black)	Rubbermaid Commercial Products (FG470800BLA/FG460900BLA) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6348-106 TVS0498		Television, 36-43 in., Flat Panel 42LY340C (42" Ultra-Slim Direct Commercial LED)	LG Commercial Products (42LY340C) LG Commercial Products (42LY340C)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
6396-000 VND0000	1 0/V	Vending Machine, Drink		Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
6451-003 MED0110	1 0/V	Dispenser, Medication, Lock Module SMART Remote Manager	BD - Pyxis (MSRM) BD - Pyxis (MSRM)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
6477-067 BRK0498		Bracket, Monitor, Wall, Flat Panel Low Profile Wall Mount	Ergotron Inc. (60-604-003) Ergotron Inc. (60-604-003)	Project Draft (New)	Unassigned	1-Fixed Unassigned
6540-019 CHA0371	2 0/0	Chair, Clinical, Commode, Bariatric Deluxe Bariatric, Steel	Medline Industries Inc. () Medline Industries Inc. ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6544-033 HDW0203	1 O/C	Headwall, Flatwall, Recessed Regal Series 19" - Double Extended	Amico Corporation (FW1907-DR-GEN-P) Amico Corporation (FW1907-DR-GEN-P)	Project Draft (New)	Unassigned	1-Fixed Unassigned
6584-080 TVS0571	2 0/0	Television, 30-32 in, Flat Panel 32LX570M (32" Hospital Grade LED)	LG Commercial Products (32LX570M) LG Commercial Products (32LX570M)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
6729-008 WMR0128	1 0/0	Warmer, Cleansing Bath Comfort 28-Count 7939	Sage Products - Part of Stryker (7939)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
6802-027 WST0267		Waste Can, Recycle 3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE) Rubbermaid Commercial Products (FG354007BLUE)		Unassigned	3-Movable, Non-Elect Unassigned
6810-016 XRY0276		X-Ray Unit, Mobile, Digital DRX-Revolution	Carestream Health (1019397)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned

Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
6978-039		Clock, Digital, Synchronized, Wireless	Primex, Inc (XRA7Y202F-1)	Project	Unassigned	1-Fixed
CLK0167	O/C	XR Levo Flush Mount (2.5", 6-Digit)		Draft (New)	Unassigned	Unassigned
6985-110	2	Cabinet, Storage, Clinical, Supply/Accessory	InterMetro Industries Corp (SXRS72TU2)	Project		1-Fixed
CST0922	O/C	Starsys Preconfigured Single Wide SXRS72TU2	InterMetro Industries Corp (SXRS72TU2)	Draft (New)	Unassigned	Unassigned
7022-021	2	Chair, Clinical, Recliner, Bariatric	Knu Contract / La-Z-Boy Contract Furniture (H5037)	Project		3-Movable, Non-Elect
CHA0593	0/0	Harmony Bariatric Recliner - H5037		Draft (New)	Unassigned	Unassigned
7050-001	5	Dispenser, Glove, Quadruple Box	Health Care Logistics (11950)	Project		1-Fixed
GLV0073	O/C	11950	Health Care Logistics (11950)	Draft (New)	Unassigned	Unassigned
7050-001	6	Dispenser, Glove, Quadruple Box	Health Care Logistics (11950)	Project		1-Fixed
GLV0073	0/0	11950	Health Care Logistics (11950)	Draft (New)	Unassigned	Unassigned
7128-010	2		Smiths Medical - Level 1 Inc. (H-1200-EN-115V-US)	Existing (Reuse)	Unassigned	2-Movable, Elect
WMR0024	0/0	H-1200 Fast Flow w/ Air Detector Clamp		Draft (Existing)	Unassigned	Unassigned
7153-008	1	Ventilator, Transport, EMS	Vyaire Medical (19260-001 / 24737-001)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
VNT0187	0/0	ReVel PTV w/ Transport Bracket		Draft (Existing)	Unassigned	Unassigned
7233-016	1	Laryngoscope Set, Video	Verathon (0270-0858)	Existing (Reuse)	Unassigned	2-Movable, Elect
LAR0038	0/0	GlideScope Titanium Reusable w/ Premium Cart		Draft (Existing)	Unassigned	Unassigned
7233-016	1	Laryngoscope Set, Video	Verathon (0270-0858)	Project	Unassigned	2-Movable, Elect
LAR0038	0/0	GlideScope Titanium Reusable w/ Premium Cart		Draft (New)	Unassigned	Unassigned
7266-002	1	Basket, Cuff, Wall Mount	Hillrom - Welch Allyn, Inc. (5091-13)	Project		1-Fixed
BSK0002	0/0	509 Inflation System Basket (Small/Stainless)		Draft (New)	Unassigned	Unassigned
7277-001	1	Water Treatment System, Ice Maker, Wall Mount	Follett LLC (00130229)	Project		1-Fixed
ICE0157	O/C	Standard Capacity 00130229	Follett LLC (00130229)	Draft (New)	Unassigned	Unassigned
7493-001	3	Dispenser, Disinfectant Wipes, Wall Mount	Metrex (13-1175)	Project		1-Fixed
DSP0114	O/C	CaviWipes Canister Bracket	Metrex (13-1175)	Draft (New)	Unassigned	Unassigned
7729-006	1	Disposal, Sharps, Countertop, Pharmacy	Stericycle (C-02BLUENON-PH)	Project		3-Movable, Non-Elect
DIS0323	0/0	Bio Systems C-02BLUENON-PH	Stericycle (C-02BLUENON-PH)	Draft (New)	Unassigned	Unassigned

Item Summary



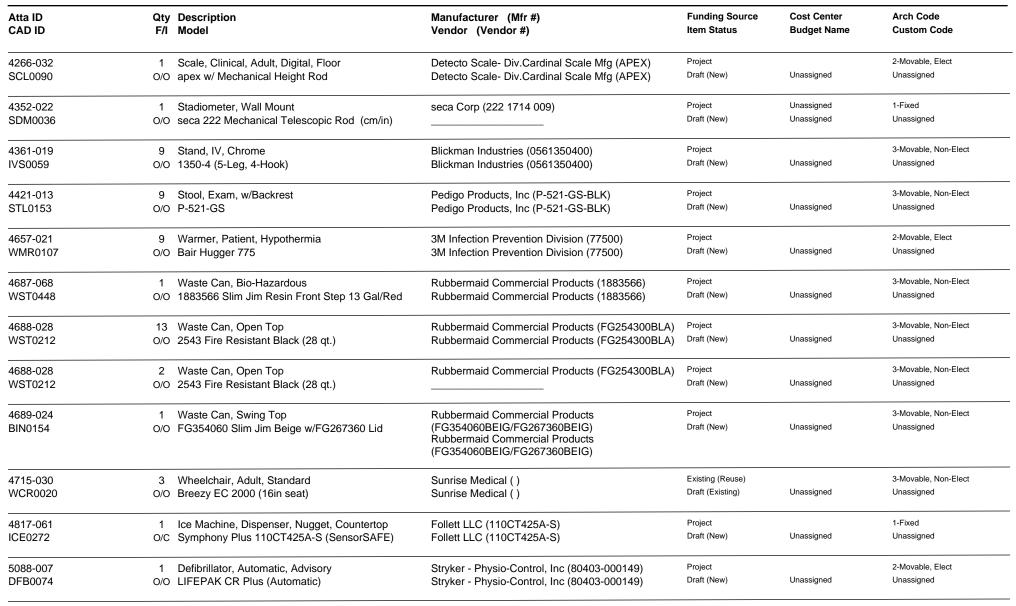
Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
7786-002 FLW0233		Flowmeter, Oxygen, Integrated FI-T15UO-DN-E (Tube Style)	Amvex Corporation (FI-T15UO-DN-E)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
7790-007 CST0366	3 0/0	Dispenser, Personal Protection, Door Mount P2 Isolation Station Door Mount 8569	TIDI Products (8569) TIDI Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
7799-005 DSP0677	1 O/O	Dispenser, Infection Prevention, Freestanding ML1810 Premium Health & Hygiene Center w/Stand	MarketLab, Inc (ML1810/ ML7030) MarketLab, Inc (ML1810/ ML7030)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
7805-001 DSP0682		Dispenser, Emesis Bag, Wall Mount Eme-Bag EMED200	Centurion Medical Products (EMED200) Centurion Medical Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
8035-002 MSM0001	1 0/V	Monitoring System, Temperature Advanced Remote Monitoring System (ARMS)	Isensix, Inc. (ARMS) Isensix, Inc. (ARMS)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
8794-022 IDS0087		Diagnostic System, Integrated Green Series 777 [77791-MXNOBP]	Hillrom - Welch Allyn, Inc. (77791-MXNOBP) Hillrom - Welch Allyn, Inc. (77791-MXNOBP)	Project Draft (New)	Unassigned	1-Fixed Unassigned
8813-006 WSD0032	1 O/C	Washer / Dryer, Stacked, Commercial MLE20PRC Commercial Energy Advantage	Maytag Corporation (MLE20PRCZW)	Project Draft (New)	Unassigned	1-Fixed Unassigned
9401-001 BIN0137		Bin, Supply, Phlebotomy Phlebotomy Tray w/ 17mm Tube Rack	MarketLab, Inc (ML1895)	Project Draft (New)	Unassigned Unassigned	3-Movable, Non-Elect Unassigned
9530-002 THM0057	1 O/C	Thermometer, Temporal Artery, Wall Mount TAT 5000 w/ Wall Mount 134306	Exergen Corp (124275 / 134306) Exergen Corp (124275 / 134306)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
BVY619V CPC0000	1 0/0	Cart, Computer, Workstation	GCX Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++) Amico Corporation (RST-0007-04/FLP-0009-04/RST 0007-35/RST-0007-31/++)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
C-374149 C-374149	1 0/V	Lift, Patient, Ceiling, 1-Bed Molift Nomad	ETAC USA ()	Existing (Reuse) Draft (Existing)	Unassigned	1-Fixed Unassigned

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Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
3374-022	1	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries ()	Project		2-Movable, Elect
ASP0022	0/0	• • • • •	Armstrong Medical Industries ()	Draft (New)	Unassigned	Unassigned
3628-011	1	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Project		1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (New)	Unassigned	Unassigned
3676-003	1	Spill Kit, Radioactive	Biodex Medical Systems, Inc. (121-190)	Project	Unassigned	3-Movable, Non-Elect
DCN0002	0/0	121-190 Minor Radioactive Spill Kit		Draft (New)	Unassigned	Unassigned
3678-028	1	Defibrillator, Monitor, w/Pacing	Zoll Medical Corporation (3 0120 0010 0111 0012)	Project		2-Movable, Elect
DFB0038	0/0	R Series ALS w/Exp Pkg, Masimo SpO2 & Pacing	Zoll Medical Corporation (3 0120 0010 0111 0012)	Draft (New)	Unassigned	Unassigned
3708-111	1	Dispenser, Medication, Host (Main)	BD - Pyxis (M4MB6DR7W3)	Project		2-Movable, Elect
MED0181	O/V	MedStation 4000 (6-Drwr, 3 Cubie)	BD - Pyxis (M4MB6DR7W3)	Draft (New)	Unassigned	Unassigned
3723-034	1	Disposal, Sharps, Wall Mount	Stericycle (C-02RES-0203 / OC-02-2004)	Project		1-Fixed
DIS0289	O/C	Bio Systems C-02RES-0203 w/ Cabinet	Stericycle (C-02RES-0203 / OC-02-2004)	Draft (New)	Unassigned	Unassigned
3723-034	9	Disposal, Sharps, Wall Mount	Stericycle (C-02RES-0203 / OC-02-2004)	Project		1-Fixed
DIS0289	O/C	Bio Systems C-02RES-0203 w/ Cabinet	Medtronic - Covidien Kendall Products (C-02RES- 0203 / OC-02-2004)	Draft (New)	Unassigned	Unassigned
3803-023	9	Flowmeter, Oxygen	Precision Medical ()	Project		3-Movable, Non-Elect
FLW0019	0/0	Chrome (0-15 lpm, DISS Female)	Precision Medical ()	Draft (New)	Unassigned	Unassigned
4071-007	2	Monitor, Physiologic, Vital Signs, w/Stand	Spacelabs Healthcare (91330-MT/016-0823-00)	Project		2-Movable, Elect
MON0774	0/0	Ultraview DM3 (Masimo SpO2, NIBP, Temp)w/Roll Stand	Spacelabs Healthcare ()	Draft (New)	Unassigned	Unassigned
4104-009	1	Oven, Commercial, Microwave	Panasonic (NE-1064F)	Project		2-Movable, Elect
OVN0078	0/0	NE-1064	Panasonic (NE-1064F)	Draft (New)	Unassigned	Unassigned
4193-003	1	Rack, Crutch/Cane/Walker	Clinton Industries, Inc. (5516)	Project	Unassigned	1-Fixed
RCK0229	O/C	5516		Draft (New)	Unassigned	Unassigned
4248-019	9	Regulator, Suction, Intermittent/Continuous	Precision Medical (PM3303)	Project		3-Movable, Non-Elect
REG0022	0/0	-	Precision Medical (PM3303)	Draft (New)	Unassigned	Unassigned









Item Summary

Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
5316-060 CWA0191	1 O/C	Cabinet, Warming, Dual, Freestanding 7924TG (Glass Door)	Blickman Industries (14B7924243)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5407-019 WST0259		Waste Can, 20-31 Gallon FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5485-007 THM0038		Thermometer, Digital, Wall Mount SureTemp Plus 692 (Rectal w/ Security ID)	Hillrom - Welch Allyn, Inc. () Hillrom - Welch Allyn, Inc. ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
5832-014	1	Cart, Supply, Linen, 48 inch	InnerSpace Corporation (QWLC246-1)	Project	Unassigned	3-Movable, Non-Elect
SPC0109	0/0	Quickwire QWLC246	InnerSpace Corporation (QWLC246-1)	Draft (New)		Unassigned
5859-057	1	Cart, Procedure, Resuscitation	Waterloo Healthcare ()	Project	Unassigned	3-Movable, Non-Elect
PRC0164	0/0	UTRLA-333369-RED	Waterloo Healthcare ()	Draft (New)		Unassigned
5863-450	1	Cart, Procedure, General	InnerSpace Corporation (7300-33W-03-7)	Project	Unassigned	3-Movable, Non-Elect
PRC1222	0/0	7300-33W-03-7 White w/Elect. Lock & Prox Card	d Rdr InnerSpace Corporation (7300-33W-03-7)	Draft (New)		Unassigned
5868-013	5	Dispenser, Soap, Wall Mount	GOJO Industries (5160-06)	Project	Unassigned	1-Fixed
DSP0030	O/C	Provon FMX-12/1250mL (5160-06)	GOJO Industries (5160-06)	Draft (New)		Unassigned
5869-042 DSP0825		Dispenser, Hand Sanitizer, Wall Mount Purell LTX-12 White (1920-04)	GOJO Industries (1920-04) GOJO Industries (1920-04)	Project Draft (New)	Unassigned	1-Fixed Unassigned
5934-014 TOB0013	9 O/O	Table, Overbed, General Tru-Fit Single Top w/o Vanity	Stryker Medical (3150-000-100)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6015-071	1	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1031	0/0	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)		Unassigned
6050-143	1	Refrigerator, Commercial, Undercounter	Summit Appliance (FF1843BSSADA)	Project	Unassigned	2-Movable, Elect
REF1907	0/0	FF1843BSSADA (ADA/Stainless Steel)	Summit Appliance (FF1843BSSADA)	Draft (New)		Unassigned
6084-087	5	Dispenser, Paper Towel, Surface Mount	Georgia Pacific (59498A)	Project	Unassigned	1-Fixed
DSP1065	O/C	59498A enMotion Impulse 8 (Black)	Georgia Pacific (59498A)	Draft (New)		Unassigned

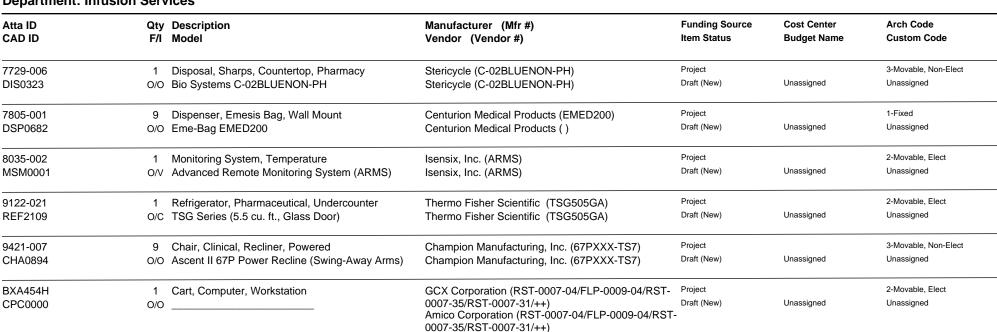


Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
6112-093 FDC0512	1 0/0	Cart, Foodservice, Meal/Tray 551 Economy Enclosed Tray Truck	Lakeside Manufacturing, Inc. (551)	Project Draft (New)	Unassigned Unassigned	3-Movable, Non-Elect Unassigned
6292-024 WCR0218	1 0/0	Wheelchair, Adult, Bariatric Traveler HD (20" Seat, Full Arm, Elevating Leg)	GF Health Products, Inc Everest & Jennings (3G010350) GF Health Products, Inc Everest & Jennings (3G010350)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
6338-001 CTK0076		Cart / Truck, Soiled Utility 4708 Cube Truck w/4609 lid (8 cu.ft., Black)	Rubbermaid Commercial Products (FG470800BLA/FG460900BLA) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6403-025 MNR0070	1 0/0	Monitor, Blood Glucose, Point-of-Care ACCU-CHEK Inform II Meter & Base Unit	Roche Diagnostics Corporation (05060311001/05060290001) Roche Diagnostics Corporation ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6451-003 MED0110	1 0/V	Dispenser, Medication, Lock Module SMART Remote Manager	BD - Pyxis (MSRM) BD - Pyxis (MSRM)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6457-016 DIS0079		Disposal, Sharps, Floor Cart Bio Systems C08-2004LR/DWS-08/08TT-2004	Stericycle (C08-2004LR/08TT-2004/DWS-08)	Project Draft (New)	Unassigned Unassigned	3-Movable, Non-Elect Unassigned
6802-027 WST0267	1 0/0	Waste Can, Recycle 3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE) Rubbermaid Commercial Products (FG354007BLUE)		Unassigned	3-Movable, Non-Elect Unassigned
7050-001 GLV0073		Dispenser, Glove, Quadruple Box 11950	Health Care Logistics (11950) Health Care Logistics (11950)	Project Draft (New)	Unassigned	1-Fixed Unassigned
7277-001 ICE0157	1 O/C	Water Treatment System, Ice Maker, Wall Mount Standard Capacity 00130229	Follett LLC (00130229) Follett LLC (00130229)	Project Draft (New)	Unassigned	1-Fixed Unassigned
7351-007 DIS0283	2 0/0	Disposal, Sharps, Floor Cart, Chemo Sharpscart 8981FP w/ ChemoSafety 8985S (8 Gal)	Medtronic - Covidien Kendall Products (8981FP / 8585S)	Project Draft (New)	Unassigned Unassigned	3-Movable, Non-Elect Unassigned
7729-005 DIS0322	1 0/0	Disposal, Sharps, Countertop, Pharmacy Bio Systems C-02BLKHAZ-PH	Stericycle (C-02BLKHAZ-PH)	Project Draft (New)	Unassigned Unassigned	3-Movable, Non-Elect Unassigned

Item Summary





Item Summary



Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3337-016	2	Analyzer, Lab, Blood Culture	Biomerieux, Inc. ()	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0031	0/V	BacT/Alert 3D Incubator Module (Right)	Biomerieux, Inc. ()	Draft (Existing)		Unassigned
3337-026	1	Analyzer, Lab, Blood Culture	Thermo Fisher Scientific - Remel Products (6240-	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0580	O/V	VersaTrek 240 w/8 Drawers & Cart	08/6020-30)	Draft (Existing)	Unassigned	Unassigned
3345-006	1	Analyzer, Lab, Chemistry / Drug	Beckman Coulter, Inc. ()	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0494	O/O	AU680	Beckman Coulter, Inc. ()	Draft (Existing)		Unassigned
3348-005	1	Analyzer, Lab, Chemistry, Countertop	Abaxis Inc. (1100-0000)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0488	0/V	Piccolo xpress		Draft (Existing)	Unassigned	Unassigned
3356-037	1	Analyzer, Lab, Hematology	Beckman Coulter, Inc. (6605541)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0241	0/V	AcT diff2 Tainer w/printer		Draft (Existing)	Unassigned	Unassigned
3356-083	1	Analyzer, Lab, Hematology	Beckman Coulter, Inc. (B23858)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0654	0/V	UniCel DxH 600 Bench Top	Beckman Coulter, Inc. (B23858)	Draft (Existing)		Unassigned
3359-005	1	Analyzer, Lab, Immunoassay, Floor	Beckman Coulter, Inc. ()	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0280	0/V	UniCel Dxl 800 Access	Beckman Coulter, Inc. ()	Draft (Existing)		Unassigned
3362-009	1	Analyzer, Lab, Microbiology	Biomerieux, Inc. (27670)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0318	0/V	VITEK 2 Compact 30		Draft (Existing)	Unassigned	Unassigned
3368-023 ANA0508	1 0/V	Analyzer, Lab, Urinalysis, Automated iQ200 Sprint Urinalysis System	Beckman Coulter, Inc. ()	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
3408-004	1	Bath, Thawing, Plasma	Helmer Scientific (500809-1)	Existing (Reuse)	Unassigned	2-Movable, Elect
BTH0004	0/0	QuickThaw DH4 (115V)	Helmer Scientific (500809-1)	Draft (Existing)		Unassigned
3468-054	1	Cabinet, Storage, Clinical, Flammable Items	Justrite Manufacturing Company, LLC ()	Project	Unassigned	3-Movable, Non-Elect
CST0060	0/0	Sure-Grip EX 22 Gal (Self-Close)	Justrite Manufacturing Company, LLC ()	Draft (New)		Unassigned
3591-009	1	Centrifuge, Coagulation	Beckman Coulter, Inc Iris Sample Processing (SSX3)	Existing (Reuse)	Unassigned	2-Movable, Elect
CEN0008	0/0	StatSpin Express 3		Draft (Existing)	Unassigned	Unassigned

Qtv Description

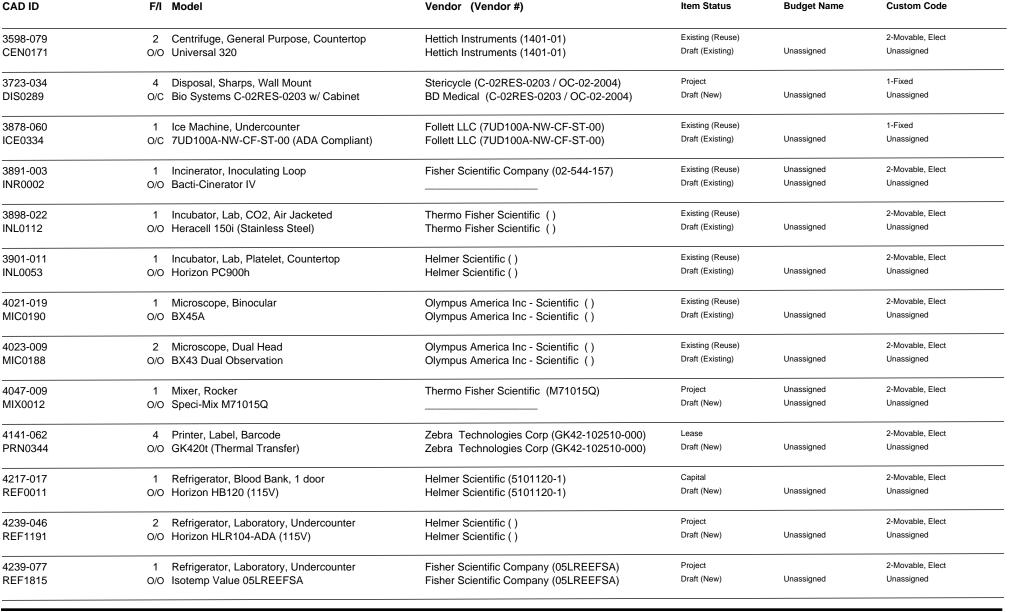
F/I Model

Item Summary

Atta ID

CAD ID

Department: Lab



Manufacturer (Mfr #)



Arch Code

Custom Code

Funding Source

Item Status

Cost Center

Budget Name

Item Summary

Department: Lab

Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
	1/1	model			Euger Name	
4242-020	1	Refrigerator, Domestic	Sears Commercial (Kenmore) (04670722000)	Project	Unassigned	2-Movable, Elect
REF1497	0/0	Kenmore 16.7 cu.ft. Freezerless - White [46-70722]		Draft (New)	Unassigned	Unassigned
4359-009	1	Stamp, Time and Date	Acroprint ()	Project		2-Movable, Elect
STP0007	0/0	ES900	Acroprint ()	Draft (New)	Unassigned	Unassigned
4414-017	4	Stool, Exam, Cushion-Seat	Pedigo Products, Inc (P-536-GS-BLK)	Project		3-Movable, Non-Elect
STL0039	0/0	P-536-GS	Midmark Corporation (P-536-GS)	Draft (New)	Unassigned	Unassigned
4672-007	1	Washer, Cell	Thermo Fisher Scientific (75007400)	Project		2-Movable, Elect
WSH0093	0/0	CW3 Cell Washer (12-Place Rotor)	Thermo Fisher Scientific (75007400)	Draft (New)	Unassigned	Unassigned
4672-007	1	Washer, Cell	Thermo Fisher Scientific (75007400)	Existing (Reuse)		2-Movable, Elect
WSH0093	0/0	CW3 Cell Washer (12-Place Rotor)	Thermo Fisher Scientific (75007400)	Draft (Existing)	Unassigned	Unassigned
4687-019	1	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (FG351700RED)	Project	Unassigned	3-Movable, Non-Elect
WST0017	0/0	3517 Combo Pack (3526 & 3529 Red)		Draft (New)	Unassigned	Unassigned
4687-068	13	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Project		3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (New)	Unassigned	Unassigned
4688-028	10	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	0/0	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4696-012	1	Water Treatment System, Lab, Reagent Grade (Type	EMD Millipore Corporation	Existing (Reuse)	Unassigned	1-Fixed
WTR0226	O/C	1) Milli-Q Direct 8 (30L Reservoir/Wall Brackets)	(ZR0Q0800/WMBSMT002/TANKPE030/TANKFIX01)	Draft (Existing)	Unassigned	Unassigned
4899-016	1	Freezer, Plasma, Undercounter	Follett LLC (FZR5PLP-T-00-00)	Capital		2-Movable, Elect
FRZ1020	0/0	FZR5PLP-T Performance Plus Plasma	Follett LLC (FZR5PLP-T-00-00)	Draft (New)	Unassigned	Unassigned
4903-047	1	Refrigerator, Laboratory, 2 door	Nor-Lake Incorporated (NSPR502WWG/0)	Existing (Reuse)	Unassigned	2-Movable, Elect
REF0607	0/0	NSPR502WWG/0 (Sliding Glass Doors)		Draft (Existing)	Unassigned	Unassigned
4920-111	4	Waste Can, Step-On	Rubbermaid Commercial Products (1883459)	Project		3-Movable, Non-Elect
WST0568	0/0	1883459 Slim Jim Resin End Step 13 Gal/Beige	Rubbermaid Commercial Products (1883459)	Draft (New)	Unassigned	Unassigned



Item Summary



Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4985-013 CEN0344		Centrifuge, Blood Bank EBA 200 S w/Blood Tube Package 8 (115V)	Helmer Scientific (200SBLOOD8) Helmer Scientific (200SBLOOD8)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5361-031	1	Analyzer, Lab, Blood Gas, Point-of-Care	Siemens Healthcare Diagnostics (10492730)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0661	0/0	RAPIDPoint 500		Draft (Existing)	Unassigned	Unassigned
5407-019 WST0259	1 0/0	Waste Can, 20-31 Gallon FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5577-007	1	Analyzer, Lab, Blood Typing	Immucor, Inc. ()	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0205	0/0	Echo	Immucor, Inc. ()	Draft (Existing)		Unassigned
5826-024	1	Freezer, Laboratory, Undercounter	Thermo Fisher Scientific ()	Project	Unassigned	2-Movable, Elect
FRZ0910	0/0	Jewett High Performance JLF430A	Thermo Fisher Scientific ()	Draft (New)		Unassigned
5868-013	4	Dispenser, Soap, Wall Mount	GOJO Industries (5160-06)	Project	Unassigned	1-Fixed
DSP0030	O/C	Provon FMX-12/1250mL (5160-06)	STERIS Corporation (5160-06)	Draft (New)		Unassigned
5869-042	7	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project	Unassigned	1-Fixed
DSP0825	O/C	Purell LTX-12 White (1920-04)	Medline Industries Inc. (1920-04)	Draft (New)		Unassigned
5869-042	4	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project	Unassigned	1-Fixed
DSP0825	0/0	Purell LTX-12 White (1920-04)	GOJO Industries (1920-04)	Draft (New)		Unassigned
5990-012	2	Table, Utility, General Purpose	Pedigo Products, Inc ()	Project	Unassigned	3-Movable, Non-Elect
TBU0012	0/0	SG-80-SS (1-Drwr, Top Rail, Shelf)	Pedigo Products, Inc ()	Draft (New)		Unassigned
6010-008	1	Cabinet, Storage, Clinical, Slide (lab)	Mopec ()	Project	Unassigned	3-Movable, Non-Elect
CST0436	0/0	BH011	Mopec ()	Draft (New)		Unassigned
6015-071	5	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1031	O/O	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)		Unassigned
6017-020	6	Cart, Supply, Chrome, 72 inch	InnerSpace Corporation (QWP5276C)	Project	Unassigned	3-Movable, Non-Elect
SPC0429	O/O	QuickWire QWP5276C	InnerSpace Corporation (QWP5276C)	Draft (New)		Unassigned

Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
6084-087	4	Dispenser, Paper Towel, Surface Mount	Georgia Pacific (59498A)	Project		1-Fixed
DSP1065	O/C	59498A enMotion Impulse 8 (Black)	Georgia Pacific (59498A)	Draft (New)	Unassigned	Unassigned
6133-012	1	Analyzer, Lab, Urinalysis, Semi-Automated	Siemens Healthcare Diagnostics ()	Existing (Reuse)		2-Movable, Elect
ANA0361	0/0	Clinitek Advantus	Siemens Healthcare Diagnostics ()	Draft (Existing)	Unassigned	Unassigned
6133-014	1	Analyzer, Lab, Urinalysis, Semi-Automated	Siemens Healthcare Diagnostics (1780)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0593	0/0	Clinitek Status +		Draft (Existing)	Unassigned	Unassigned
6143-008	1	Analyzer, Lab, Sedimentation Rate	HemaTechnologies ()	Existing (Reuse)		2-Movable, Elect
ANA0435	0/0	ESR STAT PLUS	HemaTechnologies ()	Draft (Existing)	Unassigned	Unassigned
6176-034	4	Chair, Clinical, Blood Draw, Bariatric	MarketLab, Inc (ML40133)	Project		2-Movable, Elect
CHA0781	0/0	ML40133 Extra Wide	MarketLab, Inc (ML40133)	Draft (New)	Unassigned	Unassigned
6290-009	1	Cabinet, Bio Safety, Class II, Type A2, Floor	Labconco Corporation (3620904/3770400)	Existing (Reuse)		1-Fixed
CBS0062	O/C	4ft. Purifier Delta (3620904)	Labconco Corporation (3620904/3770400)	Draft (Existing)	Unassigned	Unassigned
6371-016	4	Disposal, Sharps, Countertop	Stericycle (C-02RES-0203/ 0203SB)	Project		3-Movable, Non-Elect
DIS0076	0/0	Bio Systems C-02RES-0203 w/0203SB	Stericycle (C-02RES-0203/ 0203SB)	Draft (New)	Unassigned	Unassigned
6833-008	1	Analyzer, Lab, Nucleic Acid	BD Diagnostics (441916)	Existing (Reuse)	Unassigned	2-Movable, Elect
ANA0755	0/0	BD MAX System		Draft (Existing)	Unassigned	Unassigned
7026-033	4	Cart, Procedure, Phlebotomy	Custom Comfort Medtek (JL1802)	Project		3-Movable, Non-Elect
PRC0824	0/0	JL1802	Custom Comfort Medtek (JL1802)	Draft (New)	Unassigned	Unassigned
7050-001	4	Dispenser, Glove, Quadruple Box	Health Care Logistics (11950)	Project		1-Fixed
GLV0073	O/C	11950	Bowman Dispensers (11950)	Draft (New)	Unassigned	Unassigned
7050-001	7	Dispenser, Glove, Quadruple Box	Health Care Logistics (11950)	Project		1-Fixed
GLV0073	O/C	11950	Health Care Logistics (11950)	Draft (New)	Unassigned	Unassigned
7138-001	1	Refrigerator, Display, 2-Door, Pass-Thru	True Food Service Equipment (GDM-47RL-LD)	Existing (Reuse)	Unassigned	2-Movable, Elect
RFD0030	0/0	GDM-47RL-LD		Draft (Existing)	Unassigned	Unassigned
7531-005	3	Waste Can, Confidential	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
WST0255	O/V	9W25 Slim Jim (15 gal)	(FG9W2500LGRAY)	Draft (New)	Unassigned	Unassigned

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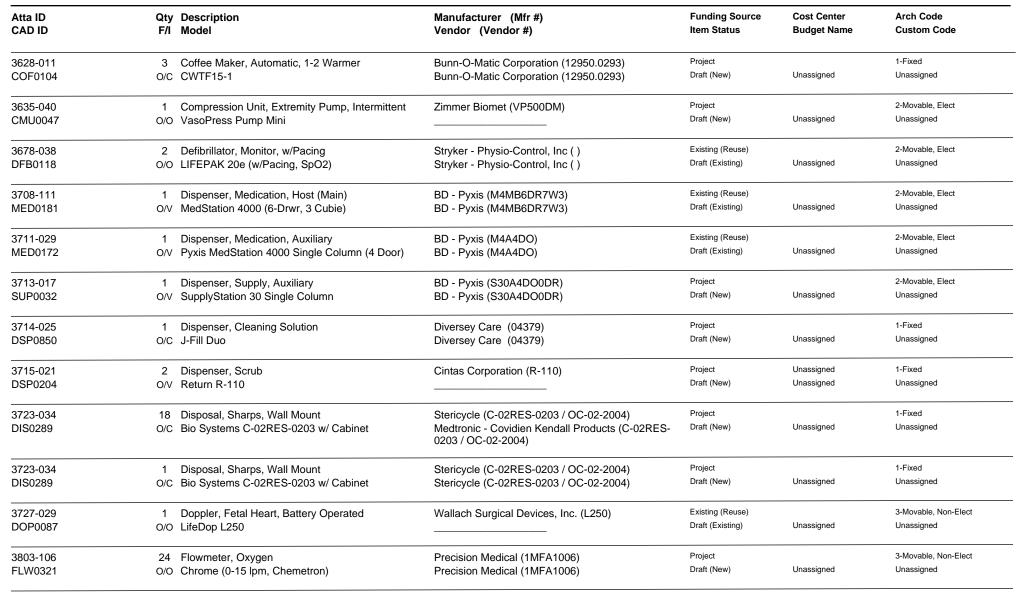
Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
7995-001	1	Incubator, Lab, CO2, Direct Heat	Fisher Scientific Company (13-255-27)	Existing (Reuse)	Unassigned	2-Movable, Elect
INL0034	0/0	Isotemp Direct Heat 13-255-27		Draft (Existing)	Unassigned	Unassigned
8035-002	7	Monitoring System, Temperature	Isensix, Inc. (ARMS)	Project	Unassigned	2-Movable, Elect
MSM0001	O/V	Advanced Remote Monitoring System (ARMS)	Isensix, Inc. (ARMS)	Draft (New)		Unassigned
C-095759	3	Microscope, Laboratory	Leica Microsystems Inc. ()	Existing (Reuse)	Unassigned	2-Movable, Elect
C-095759	O/O	DMLS		Draft (Existing)	Unassigned	Unassigned
C-374658	1	Stainer, Slide, Hematology/ Cytocentrifuge	EliTech Group Wescor (7720)	Existing (Reuse)	Unassigned	2-Movable, Elect
C-374658	O/O	Cytopro 7720	EliTech Group Wescor (7720)	Draft (Existing)	Unassigned	Unassigned

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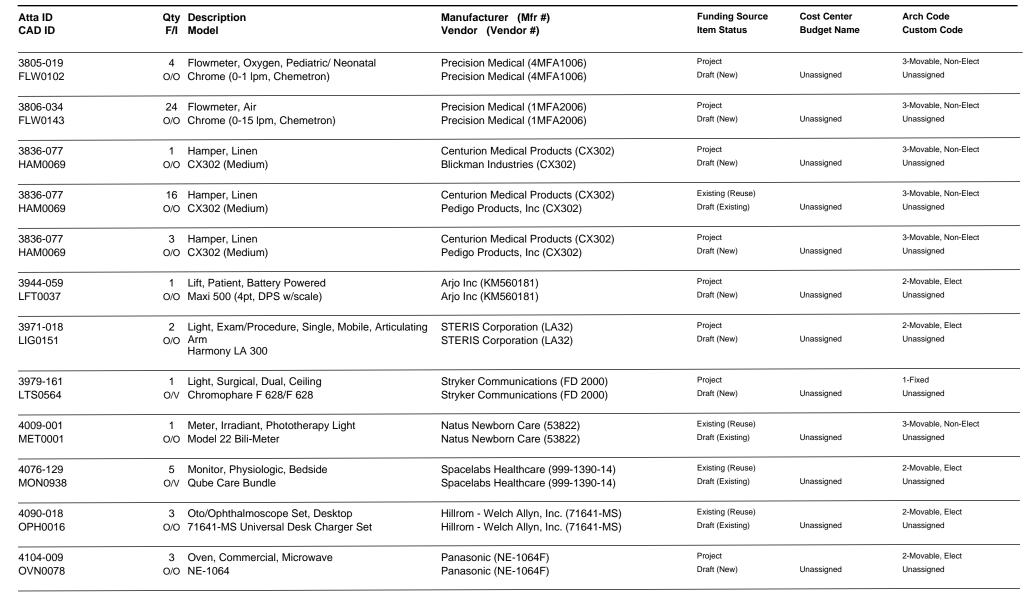
Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3355-007 ANA0284	3 0/0	Analyzer, Lab, Glucose, Point-of-Care StatStrip Glucose Hospital Meter (1D/2D Barcode)	Nova Biomedical (53398)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3370-054 ANE0048	1 0/V	Anesthesia Machine, General S/5 Avance	GE Healthcare - Anesthesia Delivery (1009-9002- 000) GE Healthcare - Anesthesia Delivery (1009-9002- 000)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3374-022	2	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries ()	Existing (Reuse)	Unassigned	2-Movable, Elect
ASP0022	0/0	SSCOR DUET w/Retention Bracket	Armstrong Medical Industries ()	Draft (Existing)		Unassigned
3382-008	1	Pump, Suction/Aspirator, Uterine, Mobile	Berkeley Medevices Inc (600-10)	Project	Unassigned	2-Movable, Elect
ASP0079	O/O	SYNEVAC System 10		Draft (New)	Unassigned	Unassigned
3405-038	1	Bassinet, LDRP	Amico Corporation (BB-MTD2-01-YY)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
BAS0076	O/O	Marco Thermofoil (2 Dwr)	Amico Corporation (BB-MTD2-01-YY)	Draft (Existing)		Unassigned
3405-038 BAS0076		Bassinet, LDRP Marco Thermofoil (2 Dwr)	Amico Corporation (BB-MTD2-01-YY) Amico Corporation (BB-MTD2-01-YY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3420-011	8	Bed, Electric, Birthing	Stryker Medical (4701-000-000)	Project	Unassigned	2-Movable, Elect
3ED0093	O/O	LD304	Stryker Medical (4701-000-000)	Draft (New)		Unassigned
3436-030	1	Blender, Gas, Air/Oxygen	Maxtec, Inc. (R229P01-010)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
BLD0047	0/0	MaxBlend 2 Low Flow (0-15 LPM)	Maxtec, Inc. (R229P01-010)	Draft (Existing)		Unassigned
3446-075 3RK1007	7 O/C	Bracket, Monitor, Wall 19" Seis Ch M Series (for Spacelabs qube)	GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01) GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01)	Project Draft (New)	Unassigned	1-Fixed Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project	Unassigned	3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)		Unassigned
3451-001	1	Bucket, Kick	Pedigo Products, Inc (P-1020-SS)	Project	Unassigned	3-Movable, Non-Elect
BUK0014	O/O	P-1020-SS	Pedigo Products, Inc (P-1020-SS)	Draft (New)		Unassigned
3603-050 CHA0759	1 O/O	Chair, Clinical, Commode, Floor Standard 3-in-1, Aluminum	Medline Industries Inc. (MDS89664A)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned

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Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4107-033	8	Oximeter, Pulse	Masimo Corp. (9226)	Project		2-Movable, Elect
OXM0449	0/0	Rad-87 (Horizontal)		Draft (New)	Unassigned	Unassigned
4107-033	2	Oximeter, Pulse	Masimo Corp. (9226)	Existing (Reuse)		2-Movable, Elect
OXM0449	0/0	Rad-87 (Horizontal)	Masimo Corp. (9226)	Draft (Existing)	Unassigned	Unassigned
4170-011	10	Pump, Breast, General	Medela Inc Breastfeeding (0240208)	Existing (Reuse)		2-Movable, Elect
BRP0010	0/0	Symphony Plus	Medela Inc Breastfeeding (0240208)	Draft (Existing)	Unassigned	Unassigned
4171-003	5	Pump, Infusion, Epidural	BD - Alaris Infusion (100-610PXCV)	Existing (Reuse)	Unassigned	2-Movable, Elect
INF0190	0/0	Body Guard 545 ColorVision Epidural Pump		Draft (Existing)	Unassigned	Unassigned
4177-039	14	Pump, Infusion, Single	Baxter Healthcare - Sigma Pumps	Existing (Reuse)		2-Movable, Elect
INF0032	0/0	SIGMA Spectrum (w/ Standard Battery)	(35700BAX/35724) Baxter Healthcare - Sigma Pumps (35700BAX/35724)	Draft (Existing)	Unassigned	Unassigned
4181-026	8	Pump, Infusion, PCA	Smiths Medical (21-2101-51)	Project		2-Movable, Elect
INF0102	0/0	CADD-Solis Ambulatory, Model 2100	Smiths Medical (21-2101-51)	Draft (New)	Unassigned	Unassigned
4194-014	2	Rack, Cylinder, Floor	W.T. Farley (CR-DR06E)	Project		3-Movable, Non-Elect
RCK0092	0/0	CR-DR06E (C,D,E; 6 Cap)	W.T. Farley (CR-DR06E)	Draft (New)	Unassigned	Unassigned
4198-004	1	Rack, Mops / Brooms	Rubbermaid Commercial Products	Project		1-Fixed
RCK0113	O/C	1992 Closet Organizer/Tool Holder	(FG199200GRAY) Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
4232-041	1	Refrigerator, Pharmaceutical, 1 door	Helmer Scientific (5106125-1)	Project		2-Movable, Elect
REF0836	0/0	Horizon HPR125 (115V)	Helmer Scientific (5106125-1)	Draft (New)	Unassigned	Unassigned
4248-026	18	Regulator, Suction, Intermittent/Continuous	Precision Medical (PM3305)	Project		3-Movable, Non-Elect
REG0029	0/0	PM3305 (Chemetron/Tubing Npl)	Precision Medical (PM3305)	Draft (New)	Unassigned	Unassigned
4266-032	1	Scale, Clinical, Adult, Digital, Floor	Detecto Scale- Div.Cardinal Scale Mfg (APEX)	Existing (Reuse)		2-Movable, Elect
SCL0090	0/0	apex w/ Mechanical Height Rod		Draft (Existing)	Unassigned	Unassigned
4277-008	1	Scale, Clinical, Infant, Mobile	Natus Newborn Care (56365)	Project		2-Movable, Elect
SCL0142	0/0	Smart Scale Rapid-Weigh Model 65	Natus Newborn Care (56365)	Draft (New)	Unassigned	Unassigned

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Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4277-008	2	Scale, Clinical, Infant, Mobile	Natus Newborn Care (56365)	Existing (Reuse)		2-Movable, Elect
SCL0142	0/0	Smart Scale Rapid-Weigh Model 65		Draft (Existing)	Unassigned	Unassigned
4300-040	2	- J, -,,,	InterMetro Industries Corp ()	Project		3-Movable, Non-Elect
SHL0711	0/0	Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp ()	Draft (New)	Unassigned	Unassigned
4335-003	1	Sink, Scrub, 2-Bay, Stainless Steel	STERIS Corporation (CE12-230-1)	Project		1-Fixed
SNK0035	O/V	Flexmatic w/ Digital Timer	STERIS Corporation (CE12-230-1)	Draft (New)	Unassigned	Unassigned
4361-019	2	Stand, IV, Chrome	Blickman Industries (0561350400)	Project		3-Movable, Non-Elect
IVS0059	O/O	1350-4 (5-Leg, 4-Hook)	Blickman Industries (0561350400)	Draft (New)	Unassigned	Unassigned
4361-019	16	Stand, IV, Chrome	Blickman Industries (0561350400)	Existing (Reuse)		3-Movable, Non-Elect
IVS0059	O/O	1350-4 (5-Leg, 4-Hook)	Blickman Industries (0561350400)	Draft (Existing)	Unassigned	Unassigned
4411-022	1	Stool, Anesthetist	Armstrong Medical Industries (AC-975A)	Project		3-Movable, Non-Elect
STL0404	O/O	AC-975A Wide Seat (Black, w/Arms)	Armstrong Medical Industries (AC-975A)	Draft (New)	Unassigned	Unassigned
4414-017	10	Stool, Exam, Cushion-Seat	Pedigo Products, Inc (P-536-GS-BLK)	Project		3-Movable, Non-Elect
STL0039	O/O	P-536-GS	Pedigo Products, Inc (P-536-GS-BLK)	Draft (New)	Unassigned	Unassigned
4417-003	1	Stool, Step, w/Handrail	Pedigo Products, Inc (P-10-A)	Project		3-Movable, Non-Elect
STL0113	O/O	P-10-A Chrome	Pedigo Products, Inc (P-10-A)	Draft (New)	Unassigned	Unassigned
4422-011	2	Stool, High, w/Backrest	Pedigo Products, Inc (P-39-BLK)	Project		3-Movable, Non-Elect
STL0177	O/O	P-39	Pedigo Products, Inc (P-39-BLK)	Draft (New)	Unassigned	Unassigned
4434-001	2	Stretcher, Procedure, OB/GYN	Stryker Medical (1061-000-000)	Project		3-Movable, Non-Elect
STR0073	O/O	Gynnie	Stryker Medical (1061-000-000)	Draft (New)	Unassigned	Unassigned
4589-010	1	Ventilator, Adult / Pediatric	Medtronic - Covidien Minimally Invasive Therapies	Existing (Reuse)	Unassigned	2-Movable, Elect
VNT0010	0/0	840	(840)	Draft (Existing)	Unassigned	Unassigned
4657-021	1	Warmer, Patient, Hypothermia	3M Infection Prevention Division (77500)	Project		2-Movable, Elect
WMR0107	0/0	Bair Hugger 775	Stryker Medical (77500)	Draft (New)	Unassigned	Unassigned

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Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4657-022	1	Warmer, Patient, Hypothermia	Gentherm - CSZ (111Z)	Existing (Reuse)	Unassigned	2-Movable, Elect
WMR0114	O/O	Norm-O-Temp		Draft (Existing)	Unassigned	Unassigned
4661-039	8	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care (M1110875)	Existing (Reuse)		2-Movable, Elect
WRM0054	0/0	Panda iRes (Elevating Base/Procedure Light)	GE Healthcare - Maternal/Infant Care (M1110875)	Draft (Existing)	Unassigned	Unassigned
4661-039	1	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care (M1112198)	Existing (Reuse)		2-Movable, Elect
WRM0054	0/0	Panda iRes (Elevating Base/Procedure Light)	GE Healthcare - Maternal/Infant Care (M1112198)	Draft (Existing)	Unassigned	Unassigned
4661-039	5	Warmer, Infant, Care System	GE Healthcare - Maternal/Infant Care (M1110875)	Project		2-Movable, Elect
WRM0054	O/V	Panda iRes (Elevating Base/Procedure Light)	GE Healthcare - Maternal/Infant Care (M1110875)	Draft (New)	Unassigned	Unassigned
4687-063	2	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883570)	Project		3-Movable, Non-Elect
WST0404	0/0	1883570 Slim Jim Resin Front Step 24 Gal/Red	Rubbermaid Commercial Products (1883570)	Draft (New)	Unassigned	Unassigned
4687-068	18	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Project		3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (New)	Unassigned	Unassigned
4688-028	44		Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	0/0	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4689-024	2	Waste Can, Swing Top	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
BIN0154	0/0	FG354060 Slim Jim Beige w/FG267360 Lid	(FG354060BEIG/FG267360BEIG) Rubbermaid Commercial Products	Draft (New)	Unassigned	Unassigned
			(FG354060BEIG/FG267360BEIG)			
4691-020	1	Waste Can, 44-55 Gallon	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
WST0287	0/0	2643-60 BRUTE Gray w/2645-60 Lid & 2640-43 Doll	y(FG264360GRAY/FG264560GRAY/FG264043BLA) Rubbermaid Commercial Products	Draft (New)	Unassigned	Unassigned
			(FG264360GRAY/FG264560GRAY/FG264043BLA)			
4714-003	1	Wheelchair, Adult, Shower / Commode	GF Health Products Inc. (6810A)	Existing (Reuse)		3-Movable, Non-Elect
CHA0032	0/0	Lumex Drop Arm Versamode		Draft (Existing)	Unassigned	Unassigned
4770-005	1	Bilirubinometer, Handheld	Draeger Medical, Inc. (OPC4180)	Existing (Reuse)		2-Movable, Elect
BIL0005	0/0	Jaundice Meter JM-105	Draeger Medical, Inc. (OPC4180)	Draft (Existing)	Unassigned	Unassigned
4817-061	2	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Existing (Reuse)		1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (Existing)	Unassigned	Unassigned

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Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4824-112 ESU0131	1 0/V	Electrosurgical Unit, Bipolar/Monopolar Valleylab FT10 Energy Platform w/Cart & Ftswitches	Medtronic - Covidien Advanced Energy (VLFT10GEN/VLFTCRT/E6008/E6009) Medtronic - Covidien Advanced Energy (VLFT10GEN/VLFTCRT/E6008/E6009)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4886-006 LPH0016	3 0/0	Light, Treatment, Phototherapy, Infant, Mobile neoBLUE LED with Roll Stand	Natus Medical Inc. (010066)	Project Draft (New)	Unassigned Unassigned	2-Movable, Elect Unassigned
4910-008	4	Phototherapy System, Blanket	Natus Medical Inc. (006895)	Existing (Reuse)	Unassigned	2-Movable, Elect
PHS0013	O/O	neoBLUE Blanket (Small Blanket)	Natus Medical Inc. (006895)	Draft (Existing)	Unassigned	Unassigned
4920-071	1	Waste Can, Step-On	Rubbermaid Commercial Products (1883552)	Project	Unassigned	3-Movable, Non-Elect
WST0406	0/0	1883552 Slim Jim Resin Front Step 24 Gal/Beige	Rubbermaid Commercial Products (1883552)	Draft (New)		Unassigned
4942-325	3	Refrigerator, Domestic with Freezer	GE Appliances (GTE18ETHWW)	Project	Unassigned	2-Movable, Elect
REF1461	0/0	GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW)	Draft (New)		Unassigned
5002-001 STL0217		Stool, Step, Stackable P-1015	Pedigo Products, Inc (P-1015) Pedigo Products, Inc (P-1015)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5002-003	3	Stool, Step, Stackable	Phelan Manufacturing Corporation (5058-1)	Project	Unassigned	3-Movable, Non-Elect
STL0215	0/0	5058-1 Add-A-Unit	Phelan Manufacturing Corporation (5058-1)	Draft (New)		Unassigned
5041-013 DSP0947	2 0/0	Dispenser, Mask FM200-0212	Bowman Dispensers (FM200-0212)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5047-014	8	Light, Exam/Procedure, Dual, Ceiling, Recessed	Skytron (LCN4-PKG2)	Project	Unassigned	1-Fixed
_IG0285	O/V	Lucina 4 LED (w/Wall Control & Wand)	Skytron (LCN4-PKG2)	Draft (New)		Unassigned
5170-031	1	Screener, ABR	Natus Medical Inc. (10130)	Existing (Reuse)	Unassigned	2-Movable, Elect
SNR0085	0/0	ALGO 5 Newborn Screener		Draft (Existing)	Unassigned	Unassigned
5254-017	9	Monitor, O.B., Intrapartum, Maternal/Fetal	GE Healthcare - Monitoring Systems (259cx)	Existing (Reuse)	Unassigned	2-Movable, Elect
MOB0032	O/O	Corometrics 259cx	GE Healthcare - Monitoring Systems (259cx)	Draft (Existing)		Unassigned
5254-017	2	Monitor, O.B., Intrapartum, Maternal/Fetal	GE Healthcare - Monitoring Systems (259cx)	Project	Unassigned	2-Movable, Elect
MOB0032	0/0	Corometrics 259cx	GE Healthcare - Monitoring Systems (259cx)	Draft (New)		Unassigned

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Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
5260-019	9	Regulator, Suction, Surgical, High Flow	Precision Medical (PM3614T)	Project	Unassigned	3-Movable, Non-Elect
REG0444	O/O	PM3614T (DISS HT/DISS Male/Trap)	Precision Medical (PM3614T)	Draft (New)		Unassigned
5316-036	1	Cabinet, Warming, Dual, Freestanding	Getinge Group - Getinge Infection Control	Existing (Reuse)	Unassigned	2-Movable, Elect
CWA0009	0/0	5624 (24" Deep, Pedestal Base, with Power Cord)	(SZ5624C+&/61301605436)	Draft (Existing)		Unassigned
5316-036 CWA0009	1 0/0	Cabinet, Warming, Dual, Freestanding 5624 (24" Deep, Pedestal Base, with Power Cord)	Getinge Group - Getinge Infection Control (SZ5624C+&/61301605436) STERIS Corporation (SZ5624C+&/61301605436)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5407-019 WST0259		Waste Can, 20-31 Gallon FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5485-010 THM0040		Thermometer, Digital, Wall Mount SureTemp Plus 692 (Oral w/ ID)	Hillrom - Welch Allyn, Inc. (01692-300) Hillrom - Welch Allyn, Inc. (01692-300)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5623-025	1	Waste Disposal, Surgical Fluid Collection	Stryker Instruments (0703-001-000)	Project	Unassigned	2-Movable, Elect
WDS0066	0/V	Neptune 3 Rover	Stryker Instruments (0703-001-000)	Draft (New)		Unassigned
5669-030	8	Chair, Interiors, Glider/Rocker	Carolina - OFS Brands (1316)	Project	Unassigned	5-Furniture
CHR0649	O/O	Solace 1316		Draft (New)	Unassigned	Unassigned
5672-011 ULT0275	1 0/0	Ultrasound, Imaging, Bladder BladderScan BVI 9400 w/ Rolling Cart	Verathon (0270-0404 / 0800-0322)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5694-035	1	Shelving, Solid, Wall Mount	Bobrick Washroom Equipment, Inc. (B-298X24)	Project	Unassigned	1-Fixed
SHL0905	O/C	B-298 X 24	Bobrick Washroom Equipment, Inc. (B-298X24)	Draft (New)		Unassigned
5705-002	1	Carrier, Chair, Scrub Sink	STERIS Corporation ()	Project	Unassigned	1-Fixed
CCH0002	O/C	Double Bay [CE00]	STERIS Corporation ()	Draft (New)		Unassigned
5706-005	8	Controller, Lighting, Surgical	Skytron (B5-011-99)	Project	Unassigned	1-Fixed
CTR0005	O/C	Argos II (Dual Light)	Skytron ()	Draft (New)		Unassigned
5795-002	8	Stand, Basin, Single	Blickman Industries (0717807000)	Project	Unassigned	3-Movable, Non-Elect
SBS0002	O/O	7807SS Baker	Blickman Industries (0717807000)	Draft (New)		Unassigned

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CAD ID

5795-004

SBS0003

5802-018

EQC0135

5832-014

SPC0109

5834-001

CSC0044

5842-013

EQC0074

5845-009

HSK0006

5859-002

PRC0117

5859-057

PRC0164

5868-013

DSP0030

5869-042

DSP0825

5914-002

TIN0068

5934-014

TOB0013

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Draft (Existing)

Unassigned

Unassigned

O/O Tru-Fit Single Top w/o Vanity

Stryker Medical (3150-000-100)

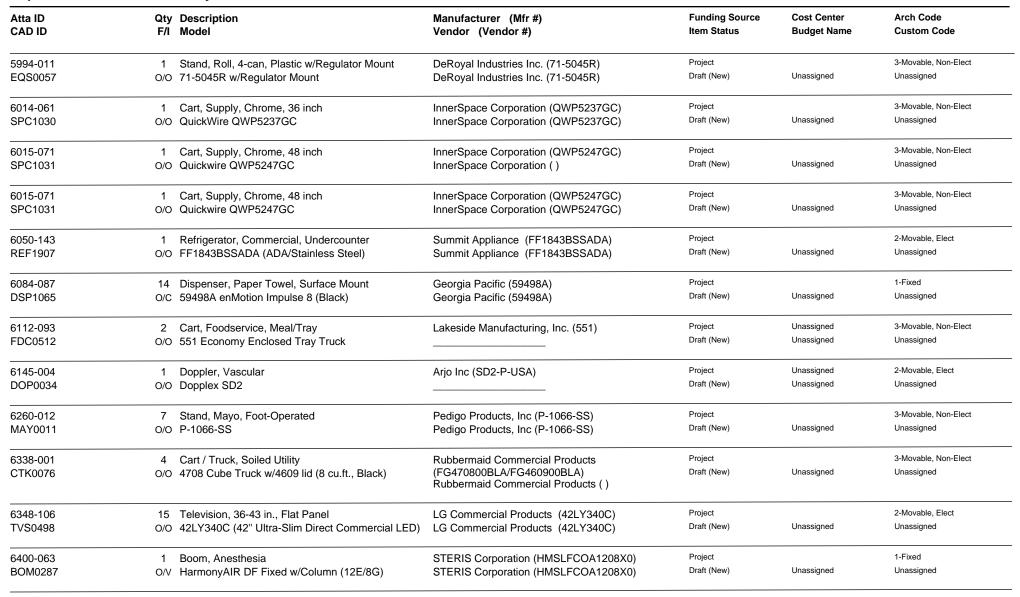
Unassigned

Unassigned

2-Movable, Elect



Item Summary





Item Summary

Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
6403-025 MNR0070		Monitor, Blood Glucose, Point-of-Care ACCU-CHEK Inform II Meter & Base Unit	Roche Diagnostics Corporation (05060311001/05060290001) Roche Diagnostics Corporation ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6451-003	1	Dispenser, Medication, Lock Module	BD - Pyxis (MSRM)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
MED0110	0/V	SMART Remote Manager	BD - Pyxis (MSRM)	Draft (Existing)		Unassigned
6457-020	1	Disposal, Sharps, Floor Cart	Stericycle (C-17/DWSH-17/LH-17)	Project	Unassigned	3-Movable, Non-Elect
DIS0083	0/0	Bio Systems C-17/DWSH-17/LH-17	Stericycle (C-17/DWSH-17/LH-17)	Draft (New)		Unassigned
6477-067 BRK0498		Bracket, Monitor, Wall, Flat Panel Low Profile Wall Mount	Ergotron Inc. (60-604-003) Ergotron Inc. (60-604-003)	Project Draft (New)	Unassigned	1-Fixed Unassigned
6544-033	8	Headwall, Flatwall, Recessed	Amico Corporation (FW1907-DR-GEN-P)	Project	Unassigned	1-Fixed
HDW0203	O/C	Regal Series 19" - Double Extended	Amico Corporation (FW1907-DR-GEN-P)	Draft (New)		Unassigned
6584-080	9	Television, 30-32 in, Flat Panel	LG Commercial Products (32LX570M)	Project	Unassigned	2-Movable, Elect
TVS0571	O/O	32LX570M (32" Hospital Grade LED)	LG Commercial Products (32LX570M)	Draft (New)		Unassigned
6802-027 WST0267		Waste Can, Recycle 3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE) Rubbermaid Commercial Products (FG354007BLUE)		Unassigned	3-Movable, Non-Elect Unassigned
6824-013	1	Cart, Anesthesia, Controlled Access	BD - Pyxis()	Existing (Reuse)	Unassigned	2-Movable, Elect
ANC0812	0/0	Anesthesia System 4000	BD - Pyxis()	Draft (Existing)		Unassigned
6825-002	8	Telemetry, Wireless, Fetal/Maternal	GE Healthcare - Maternal/Infant Care ()	Project	Unassigned	2-Movable, Elect
TTY0083	O/V	Mini Telemetry System	GE Healthcare - Maternal/Infant Care ()	Draft (New)		Unassigned
7050-001 GLV0073		Dispenser, Glove, Quadruple Box 11950	Health Care Logistics (11950) Health Care Logistics (11950)	Project Draft (New)	Unassigned	1-Fixed Unassigned
7233-020	8	Laryngoscope Set	Verathon (0570-0368/0570-0372)	Project	Unassigned	2-Movable, Elect
LAR0043	O/O	GlideScope Go w/ Charging Cradle	Verathon (0570-0368/0570-0372)	Draft (New)		Unassigned
7277-001 ICE0157	2 O/C	Water Treatment System, Ice Maker, Wall Mount Standard Capacity 00130229	Follett LLC (00130229) Follett LLC (00130229)	Project Draft (New)	Unassigned	1-Fixed Unassigned



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CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
7365-008	2	11 / 5	Cardinal Health Durable Medical Equipment	Project	Unassigned	2-Movable, Elect
CPP0010	0/0		(CAH4413/CAH4414)	Draft (New)	Unassigned	Unassigned
7493-001	10	Dispenser, Disinfectant Wipes, Wall Mount	Metrex (13-1175)	Project	Unassigned	1-Fixed
DSP0114	O/C	CaviWipes Canister Bracket	Metrex (13-1175)	Draft (New)		Unassigned
7729-005	2	Disposal, Sharps, Countertop, Pharmacy	Stericycle (C-02BLKHAZ-PH)	Project	Unassigned	3-Movable, Non-Elect
DIS0322	0/0	Bio Systems C-02BLKHAZ-PH		Draft (New)	Unassigned	Unassigned
7729-006	1	Disposal, Sharps, Countertop, Pharmacy	Stericycle (C-02BLUENON-PH)	Project	Unassigned	3-Movable, Non-Elect
DIS0323	0/0	Bio Systems C-02BLUENON-PH	Stericycle (C-02BLUENON-PH)	Draft (New)		Unassigned
7805-001	10	Dispenser, Emesis Bag, Wall Mount	Centurion Medical Products (EMED200)	Project	Unassigned	1-Fixed
DSP0682	O/O	Eme-Bag EMED200	Centurion Medical Products ()	Draft (New)		Unassigned
7844-003	1	Bracket, Monitor & CPU, Wall	Peerless-AV (DST660)	Project	Unassigned	1-Fixed
BRK0956	O/C	DST660	Peerless-AV (DST660)	Draft (New)		Unassigned
7881-013	1	Docking Station, Meter, Blood Glucose	Nova Biomedical (53400)	Project	Unassigned	2-Movable, Elect
DCK0113	O/V	Nova StatStrip Single Position Docking Station	Nova Biomedical (53400)	Draft (New)		Unassigned
7910-001	1	Rack, Sponge Counting	Xodus Medical (50511)	Project	Unassigned	3-Movable, Non-Elect
RCK0344	0/0	50511 Double Sided (I.V. Pole)		Draft (New)	Unassigned	Unassigned
7933-013	1	Locator, Vein	AccuVein (AV500)	Existing (Reuse)	Unassigned	2-Movable, Elect
LCR0038	O/O	AV500 Vein Viewing System		Draft (Existing)	Unassigned	Unassigned
8035-002	1	Monitoring System, Temperature	Isensix, Inc. (ARMS)	Project	Unassigned	2-Movable, Elect
MSM0001	O/V	Advanced Remote Monitoring System (ARMS)	Isensix, Inc. (ARMS)	Draft (New)		Unassigned
8089-022	8	Refrigerator, Commercial, Compact	Summit Appliance (CM411L7PLUSADA)	Project	Unassigned	2-Movable, Elect
REF1447	O/O	CM411L7PLUSADA (ADA Compliant)	Summit Appliance (CM411L7PLUSADA)	Draft (New)		Unassigned
8760-002	2	Dispenser, Scrub Brush	MarketLab, Inc (ML2722)	Project	Unassigned	1-Fixed
DSP0186	O/C	ML2722 EZ Scrub Dispenser	MarketLab, Inc ()	Draft (New)		Unassigned



Item Summary



Atta ID CAD ID	•	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
9481-001 COF0168	8 O/O	Coffee Maker, Single Cup, Pour Over K55 Elite	Keurig Green Mountain (K55)	Project Draft (New)	Unassigned Unassigned	2-Movable, Elect Unassigned
BVY136W CPC0000	1 0/0	Cart, Computer, Workstation	GCX Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++) Amico Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
BVY980V CPC0000	2 0/0	Cart, Computer, Workstation	GCX Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++) Amico Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
C-308951 C-308951	1 0/V	Monitor, Physiologic, Anesthesia Xprezzon Custom Anesthesia Configuration	Spacelabs Healthcare (91393/94267/91496-1- C/91482-1-A/92518-1-A/90499) Spacelabs Healthcare (91393/94267/91496-1- C/91482-1-A/92518-1-A/90499)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned

Item Summary

Atta ID	•	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3355-010 ANA0702		Analyzer, Lab, Glucose, Point-of-Care StatStrip Glucose Hospital Meter w/Docking Station	Nova Biomedical (53398/53400) Nova Biomedical (53398/53400)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3374-022	1	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries ()	Project	Unassigned	2-Movable, Elect
ASP0022	0/0	SSCOR DUET w/Retention Bracket	Armstrong Medical Industries ()	Draft (New)		Unassigned
3405-038	8	Bassinet, LDRP	Amico Corporation (BB-MTD2-01-YY)	Project	Unassigned	3-Movable, Non-Elect
BAS0076	O/O	Marco Thermofoil (2 Dwr)	Amico Corporation (BB-MTD2-01-YY)	Draft (New)		Unassigned
3417-024 BED0004		Bed, Electric VersaCare [VC200] w/Foam Surface	Hillrom - Bed & Stretcher Group (P3200 / VC200)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3417-024 BED0004		Bed, Electric VersaCare [VC200] w/Foam Surface	Hillrom - Bed & Stretcher Group (P3200 / VC200) Stryker Medical (P3200 / VC200)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3446-075 BRK1007		Bracket, Monitor, Wall 19" Seis Ch M Series (for Spacelabs qube)	GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01) GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01)	Project Draft (New)	Unassigned	1-Fixed Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project	Unassigned	3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)		Unassigned
3603-050 CHA0759	1 0/0	Chair, Clinical, Commode, Floor Standard 3-in-1, Aluminum	Medline Industries Inc. (MDS89664A)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
3628-011	4	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Project	Unassigned	1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (New)		Unassigned
3635-040 CMU0047		Compression Unit, Extremity Pump, Intermittent VasoPress Pump Mini	Zimmer Biomet (VP500DM)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
3678-038	1	Defibrillator, Monitor, w/Pacing	Stryker - Physio-Control, Inc ()	Project	Unassigned	2-Movable, Elect
DFB0118	0/0	LIFEPAK 20e (w/Pacing, SpO2)	Stryker - Physio-Control, Inc ()	Draft (New)		Unassigned
3708-111	1	Dispenser, Medication, Host (Main)	BD - Pyxis (M4MB6DR7W3)	Existing (Reuse)	Unassigned	2-Movable, Elect
MED0181	0/V	MedStation 4000 (6-Drwr, 3 Cubie)	BD - Pyxis (M4MB6DR7W3)	Draft (Existing)		Unassigned

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3711-029 MED0172	1 0/V	Dispenser, Medication, Auxiliary Pyxis MedStation 4000 Single Column (4 Door)	BD - Pyxis (M4A4DO) BD - Pyxis (M4A4DO)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3713-017 SUP0032	1 0/V	Dispenser, Supply, Auxiliary SupplyStation 30 Single Column	BD - Pyxis (S30A4DO0DR) BD - Pyxis (S30A4DO0DR)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3714-025 DSP0850	1 O/C	Dispenser, Cleaning Solution J-Fill Duo	Diversey Care (04379) Diversey Care (04379)	Project Draft (New)	Unassigned	1-Fixed Unassigned
3723-034 DIS0289	27 O/C		Stericycle (C-02RES-0203 / OC-02-2004) Stericycle (C-02RES-0203 / OC-02-2004)	Project Draft (New)	Unassigned	1-Fixed Unassigned
3727-029 DOP0087	2 0/0	Doppler, Fetal Heart, Battery Operated LifeDop L250	Wallach Surgical Devices, Inc. (L250)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
3768-048 ECG0073	1 0/0	Electrocardiograph (ECG), Interpretive PageWriter TC70	Philips Healthcare - Cardiology (860315_A02)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
3803-106 FLW0321		Flowmeter, Oxygen Chrome (0-15 lpm, Chemetron)	Precision Medical (1MFA1006) Precision Medical (1MFA1006)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3806-034 FLW0143		Flowmeter, Air Chrome (0-15 lpm, Chemetron)	Precision Medical (1MFA2006) Precision Medical (1MFA2006)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3836-077 HAM0069		Hamper, Linen CX302 (Medium)	Centurion Medical Products (CX302) Pedigo Products, Inc (CX302)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3944-059 LFT0037	2 0/0	Lift, Patient, Battery Powered Maxi 500 (4pt, DPS w/scale)	Arjo Inc (KM560181) Arjo Inc (KM560181)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3971-049 LIG0483	4 0/0	Light, Exam/Procedure, Single, Mobile, Articulating Arm Spectra AUT1S LED Floor	Skytron (AUT1S)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4055-010 CSM0065	2 0/V	Monitor, Central Station, 16 Patient Xhibit Central Station (16 beds)	Spacelabs Healthcare (96102-16 Bundle) Spacelabs Healthcare (96102-16 Bundle)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned

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4076-129 MON0938	2 0/V	Monitor, Physiologic, Bedside Qube Care Bundle	Spacelabs Healthcare (999-1390-14) Spacelabs Healthcare (999-1390-14)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4090-018 OPH0016		Oto/Ophthalmoscope Set, Desktop 71641-MS Universal Desk Charger Set	Hillrom - Welch Allyn, Inc. (71641-MS) Hillrom - Welch Allyn, Inc. (71641-MS)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4104-009 OVN0078	4 0/0	Oven, Commercial, Microwave NE-1064	Panasonic (NE-1064F) Panasonic (NE-1064F)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4177-039 INF0032		Pump, Infusion, Single SIGMA Spectrum (w/ Standard Battery)	Baxter Healthcare - Sigma Pumps (35700BAX/35724) Baxter Healthcare - Sigma Pumps (35700BAX/35724)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4194-014 RCK0092		Rack, Cylinder, Floor CR-DR06E (C,D,E; 6 Cap)	W.T. Farley (CR-DR06E) W.T. Farley (CR-DR06E)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4198-004 RCK0113	1 O/C	Rack, Mops / Brooms 1992 Closet Organizer/Tool Holder	Rubbermaid Commercial Products (FG199200GRAY) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
4232-041 REF0836	1 0/0	Refrigerator, Pharmaceutical, 1 door Horizon HPR125 (115V)	Helmer Scientific (5106125-1) Helmer Scientific (5106125-1)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4248-026 REG0029		Regulator, Suction, Intermittent/Continuous PM3305 (Chemetron/Tubing Npl)	Precision Medical (PM3305) Precision Medical (PM3305)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4266-032 SCL0090	2 0/0	Scale, Clinical, Adult, Digital, Floor apex w/ Mechanical Height Rod	Detecto Scale- Div.Cardinal Scale Mfg (APEX)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4277-008 SCL0142	4 0/0	Scale, Clinical, Infant, Mobile Smart Scale Rapid-Weigh Model 65	Natus Newborn Care (56365)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4300-040 SHL0711	4 0/0	Shelving, Wire, Chrome, 60 inch Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp () InterMetro Industries Corp ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4347-001 SPH0019	2 0/0	Sphygmomanometer, Aneroid, Mobile 767 Mobile Aneroid w/ Adult Cuff	Hillrom - Welch Allyn, Inc. (7670-03)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned

Item Summary



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4361-019	38	Stand, IV, Chrome	Blickman Industries (0561350400)	Project		3-Movable, Non-Elect
IVS0059	O/O	1350-4 (5-Leg, 4-Hook)	Blickman Industries (0561350400)	Draft (New)	Unassigned	Unassigned
4417-003	26	Stool, Step, w/Handrail	Pedigo Products, Inc (P-10-A)	Project		3-Movable, Non-Elect
STL0113	0/0	P-10-A Chrome	Pedigo Products, Inc (P-10-A)	Draft (New)	Unassigned	Unassigned
4429-046	1	Stretcher, Transport	Stryker Medical (0748-000-000)	Project		3-Movable, Non-Elect
STR0538	0/0	Wide Transport 748 (30' Litter) ST104		Draft (New)	Unassigned	Unassigned
4522-037	24	Telemetry, Transmitter, General	Spacelabs Healthcare (96281-A)	Existing (Reuse)		2-Movable, Elect
TTY0079	O/V	AriaTele ECG	Spacelabs Healthcare (96281-A)	Draft (Existing)	Unassigned	Unassigned
4657-018	20	Warmer, Patient, Hypothermia	3M Infection Prevention Division (87500)	Existing (Reuse)		2-Movable, Elect
WMR0016	0/0	Bair Paws Model 875	Stryker Medical (87500)	Draft (Existing)	Unassigned	Unassigned
4687-068	28	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Project		3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (New)	Unassigned	Unassigned
4688-028	52	Waste Can, Open Top	Rubbermaid Commercial Products (FG254300BLA)	Project		3-Movable, Non-Elect
WST0212	0/0	2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA)	Draft (New)	Unassigned	Unassigned
4689-024	3	Waste Can, Swing Top	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
BIN0154	0/0	FG354060 Slim Jim Beige w/FG267360 Lid	(FG354060BEIG/FG267360BEIG) Rubbermaid Commercial Products (FG354060BEIG/FG267360BEIG)	Draft (New)	Unassigned	Unassigned
4714-003	2	Wheelchair, Adult, Shower / Commode	GF Health Products Inc. (6810A)	Existing (Reuse)		3-Movable, Non-Elect
CHA0032	0/0	Lumex Drop Arm Versamode		Draft (Existing)	Unassigned	Unassigned
4715-030	1	Wheelchair, Adult, Standard	Sunrise Medical ()	Project		3-Movable, Non-Elect
WCR0020	0/0	Breezy EC 2000 (16in seat)	Sunrise Medical ()	Draft (New)	Unassigned	Unassigned
4817-061	3	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Project		1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (New)	Unassigned	Unassigned
4920-071	27	Waste Can, Step-On	Rubbermaid Commercial Products (1883552)	Project		3-Movable, Non-Elect
WST0406	0/0	1883552 Slim Jim Resin Front Step 24 Gal/Beige	Rubbermaid Commercial Products (1883552)	Draft (New)	Unassigned	Unassigned

Item Summary

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4942-325 REF1461		Refrigerator, Domestic with Freezer GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW) GE Appliances (GTE18ETHWW)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4942-325 REF1461	2 0/0	Refrigerator, Domestic with Freezer GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW) GE Appliances (GTE18ETHWW)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5041-013 DSP0947		Dispenser, Mask FM200-0212	Bowman Dispensers (FM200-0212)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5251-075 MON0641		Monitor, Physiologic, Vital Signs Ultraview DM3 (Masimo SpO2, NIBP, Temp)	Spacelabs Healthcare (91330-MT) Spacelabs Healthcare (91330-MT)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
5257-057 ULT0362	1 O/V	Ultrasound, Imaging, Multipurpose, Portable Voluson P8 2016	GE Healthcare - Imaging Systems (H44922LP) GE Healthcare - Imaging Systems ()	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5316-060 CWA0191	2 O/C	Cabinet, Warming, Dual, Freestanding 7924TG (Glass Door)	Blickman Industries (14B7924243)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5407-019 WST0259	8 O/O	Waste Can, 20-31 Gallon FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5485-010 THM0040		Thermometer, Digital, Wall Mount SureTemp Plus 692 (Oral w/ ID)	Hillrom - Welch Allyn, Inc. (01692-300) Hillrom - Welch Allyn, Inc. (01692-300)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5672-011 ULT0275	2 0/0	Ultrasound, Imaging, Bladder BladderScan BVI 9400 w/ Rolling Cart	Verathon (0270-0404 / 0800-0322)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5832-014 SPC0109	2 0/0	Cart, Supply, Linen, 48 inch Quickwire QWLC246	InnerSpace Corporation (QWLC246-1) InnerSpace Corporation (QWLC246-1)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5845-009 HSK0006	1 0/0	Cart, Housekeeping, Polymer 9T75 High Security Cleaning Cart	Rubbermaid Commercial Products (FG9T7500BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5859-057 PRC0164	1 O/O	Cart, Procedure, Resuscitation UTRLA-333369-RED	Waterloo Healthcare () Waterloo Healthcare ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned

Item Summary

Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
5860-004	1	Cart, Procedure, Resuscitation, Pediatric	Armstrong Medical Industries (PBL-PC-9A)	Project	Unassigned	3-Movable, Non-Elect
PRC0175	O/O	PBL-PC-9A Complete A-Smart Premier Broselow	Armstrong Medical Industries (PBL-PC-9A)	Draft (New)		Unassigned
5863-450	27	Cart, Procedure, General	InnerSpace Corporation (7300-33W-03-7)	Project	Unassigned	3-Movable, Non-Elect
PRC1222	O/O	7300-33W-03-7 White w/Elect. Lock & Prox Card R	dr InnerSpace Corporation (7300-33W-03-7)	Draft (New)		Unassigned
5868-013	34	Dispenser, Soap, Wall Mount	GOJO Industries (5160-06)	Project	Unassigned	1-Fixed
DSP0030	O/C	Provon FMX-12/1250mL (5160-06)	GOJO Industries (5160-06)	Draft (New)		Unassigned
5869-042 DSP0825		Dispenser, Hand Sanitizer, Wall Mount Purell LTX-12 White (1920-04)	GOJO Industries (1920-04) GOJO Industries (1920-04)	Project Draft (New)	Unassigned	1-Fixed Unassigned
5934-014 TOB0013		Table, Overbed, General Tru-Fit Single Top w/o Vanity	Stryker Medical (3150-000-100) Stryker Medical (3150-000-100)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6014-061	2	Cart, Supply, Chrome, 36 inch	InnerSpace Corporation (QWP5237GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1030	0/0	QuickWire QWP5237GC	InnerSpace Corporation (QWP5237GC)	Draft (New)		Unassigned
6015-071	2	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project	Unassigned	3-Movable, Non-Elect
SPC1031	0/0	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)		Unassigned
6050-143	2	Refrigerator, Commercial, Undercounter	Summit Appliance (FF1843BSSADA)	Project	Unassigned	2-Movable, Elect
REF1907	0/0	FF1843BSSADA (ADA/Stainless Steel)	Summit Appliance (FF1843BSSADA)	Draft (New)		Unassigned
6084-087 DSP1065		Dispenser, Paper Towel, Surface Mount 59498A enMotion Impulse 8 (Black)	Georgia Pacific (59498A) Georgia Pacific (59498A)	Project Draft (New)	Unassigned	1-Fixed Unassigned
6112-093	2	Cart, Foodservice, Meal/Tray	Lakeside Manufacturing, Inc. (551)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
FDC0512	0/0	551 Economy Enclosed Tray Truck		Draft (Existing)	Unassigned	Unassigned
6292-002	1	Wheelchair, Adult, Bariatric	Sunrise Medical ()	Project	Unassigned	3-Movable, Non-Elect
WCR0100	O/O	Breezy EC 2000HD (22in seat, Swing-away)	Sunrise Medical ()	Draft (New)		Unassigned
6338-001 CTK0076	4 0/0	Cart / Truck, Soiled Utility 4708 Cube Truck w/4609 lid (8 cu.ft., Black)	Rubbermaid Commercial Products (FG470800BLA/FG460900BLA) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned

Item Summary

Atta ID CAD ID	•	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
6348-106	4	Television, 36-43 in., Flat Panel	LG Commercial Products (42LY340C)	Project		2-Movable, Elect
TVS0498	0/0	42LY340C (42" Ultra-Slim Direct Commercial LED)	LG Commercial Products (42LY340C)	Draft (New)	Unassigned	Unassigned
6403-016		Monitor, Blood Glucose, Point-of-Care	Abbott Point of Care Inc (7090005)	Project		3-Movable, Non-Elect
MNR0051	0/0	Precision Xceed Pro	Abbott Point of Care Inc (MIS70900)	Draft (New)	Unassigned	Unassigned
6403-025	4	Monitor, Blood Glucose, Point-of-Care	Roche Diagnostics Corporation	Project		3-Movable, Non-Elect
MNR0070	0/0	ACCU-CHEK Inform II Meter & Base Unit	(05060311001/05060290001) Roche Diagnostics Corporation ()	Draft (New)	Unassigned	Unassigned
6451-003	1	Dispenser, Medication, Lock Module	BD - Pyxis (MSRM)	Existing (Reuse)		3-Movable, Non-Elect
MED0110	O/V	SMART Remote Manager	BD - Pyxis (MSRM)	Draft (Existing)	Unassigned	Unassigned
6477-067	30	Bracket, Monitor, Wall, Flat Panel	Ergotron Inc. (60-604-003)	Project		1-Fixed
BRK0498	O/C	Low Profile Wall Mount	Ergotron Inc. (60-604-003)	Draft (New)	Unassigned	Unassigned
6544-033	26	Headwall, Flatwall, Recessed	Amico Corporation (FW1907-DR-GEN-P)	Project		1-Fixed
HDW0203	O/C	Regal Series 19" - Double Extended	Amico Corporation (FW1907-DR-GEN-P)	Draft (New)	Unassigned	Unassigned
6584-080	26	Television, 30-32 in, Flat Panel	LG Commercial Products (32LX570M)	Project		2-Movable, Elect
TVS0571	0/0	32LX570M (32" Hospital Grade LED)	LG Commercial Products (32LX570M)	Draft (New)	Unassigned	Unassigned
6802-027	9	Waste Can, Recycle	Rubbermaid Commercial Products (FG354007BLUE)	Project		3-Movable, Non-Elect
WST0267	0/0	3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE)	Draft (New)	Unassigned	Unassigned
7050-001	30	Dispenser, Glove, Quadruple Box	Health Care Logistics (11950)	Project		1-Fixed
GLV0073	O/C	11950	Health Care Logistics (11950)	Draft (New)	Unassigned	Unassigned
7277-001	3	Water Treatment System, Ice Maker, Wall Mount	Follett LLC (00130229)	Project		1-Fixed
ICE0157	O/C	Standard Capacity 00130229	Follett LLC (00130229)	Draft (New)	Unassigned	Unassigned
7365-008	2	Clipper, Surgical	Cardinal Health Durable Medical Equipment	Project	Unassigned	2-Movable, Elect
CPP0010	0/0	Surgical Clipper System CAH4413/CAH4414	(CAH4413/CAH4414)	Draft (New)	Unassigned	Unassigned
7493-001		Dispenser, Disinfectant Wipes, Wall Mount	Metrex (13-1175)	Project		1-Fixed
DSP0114	O/C	CaviWipes Canister Bracket	Metrex (13-1175)	Draft (New)	Unassigned	Unassigned

Item Summary



Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
7729-005	1	Disposal, Sharps, Countertop, Pharmacy	Stericycle (C-02BLKHAZ-PH)	Project	Unassigned	3-Movable, Non-Elect
DIS0322	0/0	Bio Systems C-02BLKHAZ-PH		Draft (New)	Unassigned	Unassigned
7729-006	1	Disposal, Sharps, Countertop, Pharmacy	Stericycle (C-02BLUENON-PH)	Project	Unassigned	3-Movable, Non-Elect
DIS0323	0/0	Bio Systems C-02BLUENON-PH	Stericycle (C-02BLUENON-PH)	Draft (New)		Unassigned
7805-001 DSP0682		Dispenser, Emesis Bag, Wall Mount Eme-Bag EMED200	Centurion Medical Products (EMED200) Centurion Medical Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
8035-002	2	Monitoring System, Temperature	Isensix, Inc. (ARMS)	Project	Unassigned	2-Movable, Elect
MSM0001	0/V	Advanced Remote Monitoring System (ARMS)	Isensix, Inc. (ARMS)	Draft (New)		Unassigned
BVY485V CPC0000	1 O/O	Cart, Computer, Workstation	GCX Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++) Amico Corporation (RST-0007-04/FLP-0009-04/RST- 0007-35/RST-0007-31/++)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
C-374149 C-374149	2 0/V	,,,,,,,	ETAC USA ()	Existing (Reuse) Draft (Existing)	Unassigned	1-Fixed Unassigned

Item Summary

Department: Pharmacy



Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3468-043	1	Cabinet, Storage, Clinical, Flammable Items	Eagle Manufacturing (1971)	Project	Unassigned	3-Movable, Non-Elect
CST0050	O/C	1971 Undercounter (22 Gallon/Manual)	Eagle Manufacturing ()	Draft (New)		Unassigned
3478-013	1	Cabinet, Storage, Clinical, Narcotic	UMF Medical (7780)	Project	Unassigned	1-Fixed
CST0074	O/C	7780 Narcotic Locker	UMF Medical (7780)	Draft (New)		Unassigned
3662-012 COU0037	1 0/0	Counter, Pill AccuCount II Scale	Parata Systems, Inc. ()	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3676-003	1	Spill Kit, Radioactive	Biodex Medical Systems, Inc. (121-190)	Project	Unassigned	3-Movable, Non-Elect
DCN0002	O/O	121-190 Minor Radioactive Spill Kit		Draft (New)	Unassigned	Unassigned
3817-034	1	Freezer, Laboratory, 1 door	Helmer Scientific (5212125-1)	Project	Unassigned	2-Movable, Elect
FRZ0032	0/0	i.Series iLF125 (208V)	Helmer Scientific ()	Draft (New)		Unassigned
4121-000 PTH0000	1 O/C	Pass-thru, Cart		Project Draft (New)	Unassigned	1-Fixed Unassigned
4232-041 REF0836		Refrigerator, Pharmaceutical, 1 door Horizon HPR125 (115V)	Helmer Scientific (5106125-1) Helmer Scientific (5106125-1)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4293-023	1	Shelving, Modular Storage	LogiQuip, LLC (PWM367)	Project	Unassigned	1-Fixed
SHL0745	O/C	Par Wall (36"W Complete Starter, 7 Baskets)	LogiQuip, LLC (PWM367)	Draft (New)		Unassigned
4334-012	1	Sink, Scrub, 1-Bay, Stainless Steel	STERIS Corporation (CE12-130-3)	Project	Unassigned	1-Fixed
SNK0021	O/C	Flexmatic w/ Infrared Sensor	STERIS Corporation (CE12-130-3)	Draft (New)		Unassigned
4688-028 WST0212		Waste Can, Open Top 2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA) Rubbermaid Commercial Products (FG254300BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4694-004 WTR0001	1 O/C	Water Treatment System, DI Milli-DI	EMD Millipore Corporation (ZFDI00001)	Project Draft (New)	Unassigned	1-Fixed Unassigned
4941-013 SHL0945		Shelving, Allowance, Supply, High Density (Movable TTK Sliding Top-Track System) Quantum Medical (TTK) Quantum Medical (TTK)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5206-000 XXX0000	1 O/O	None, No Equipment		Project Draft (New)	Unassigned	0-Unassigned Unassigned

Qtv Description

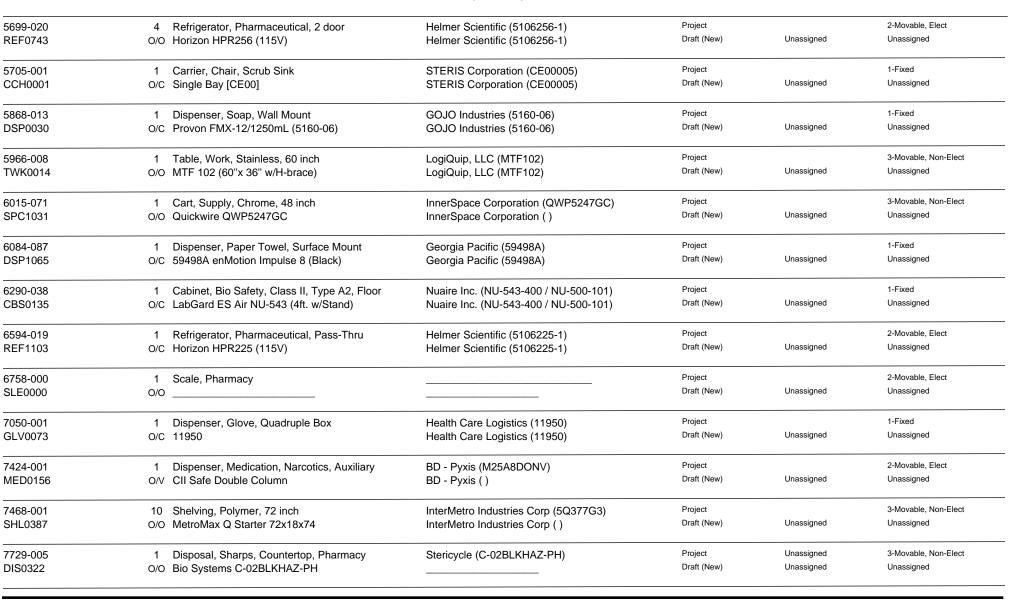
F/I Model

Item Summary

Atta ID

CAD ID

Department: Pharmacy



Manufacturer (Mfr #)

Vendor (Vendor #)



Arch Code

Custom Code

Funding Source

Item Status

Cost Center

Budget Name

Item Summary

Department: Pharmacy



Atta ID		Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
7783-002	1	Cabinet, Storage, Clinical, Medication, Floor	Health Care Logistics (5068)	Project	Unassigned	3-Movable, Non-Elect
CST0519	0/0	Easy Shelving Unit w/Windows and Locking Doors	Health Care Logistics (5068)	Draft (New)		Unassigned
7784-011 PTH0897		Pass-thru, Chamber, Cleanroom CleanSeam 2636-03D (18 x 18 x 16)	Terra Universal, Inc. (2636-03D) Terra Universal, Inc. ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
8122-005 SPC1217	1 0/0	Cart, Supply, Stainless, 60 inch Super Erecta 60x24x63 w/Solid Bot. Shelf (5-Tier)	InterMetro Industries Corp ((4x)2460NS/(1)2460FS(4x)63UPS/(2)5PC/(2)5PCB) InterMetro Industries Corp ((4x)2460NS/(1)2460FS(4x)63UPS/(2)5PC/(2)5PCB)		Unassigned	3-Movable, Non-Elect Unassigned

Qtv Description

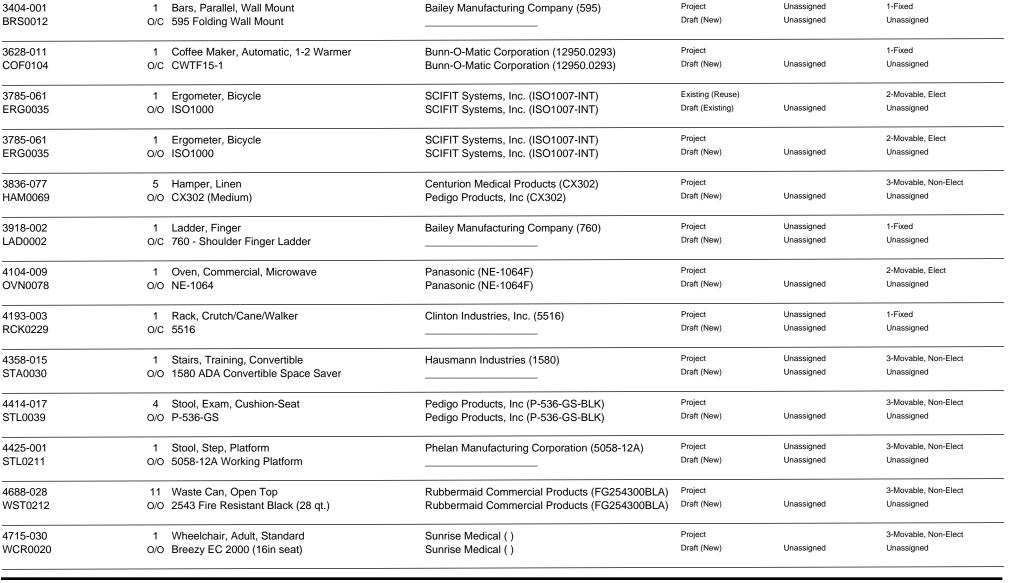
F/I Model

Item Summary

Atta ID

CAD ID

Department: Physical Therapy



Manufacturer (Mfr #)

Vendor (Vendor #)



Arch Code

Custom Code

Funding Source

Item Status

Cost Center

Budget Name

Item Summary

Department: Physical Therapy



Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4817-061	1	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Project		1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (New)	Unassigned	Unassigned
4827-003	4	Mirror, Posture, Wall Mounted	Hausmann Industries (1672)	Project	Unassigned	1-Fixed
MIR0028	O/C	1672		Draft (New)	Unassigned	Unassigned
4868-100	1	Treadmill, Exercise (Rehab/PT)	SCIFIT Systems, Inc. (AC5000M-INT)	Existing (Reuse)	Unassigned	2-Movable, Elect
TRD0113	0/0	AC5000M Medical Treadmill		Draft (Existing)	Unassigned	Unassigned
4868-100	1	Treadmill, Exercise (Rehab/PT)	SCIFIT Systems, Inc. (AC5000M-INT)	Project	Unassigned	2-Movable, Elect
TRD0113	0/0	AC5000M Medical Treadmill		Draft (New)	Unassigned	Unassigned
4920-071	1	Waste Can, Step-On	Rubbermaid Commercial Products (1883552)	Project		3-Movable, Non-Elect
WST0406	0/0	1883552 Slim Jim Resin Front Step 24 Gal/Beige	Rubbermaid Commercial Products (1883552)	Draft (New)	Unassigned	Unassigned
4942-325	1	Refrigerator, Domestic with Freezer	GE Appliances (GTE18ETHWW)	Project		2-Movable, Elect
REF1461	0/0	GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW)	Draft (New)	Unassigned	Unassigned
4967-034	4	Rack, Weights, Floor	Hausmann Industries (5557-100)	Project	Unassigned	3-Movable, Non-Elect
RCK0513	0/0	5557-100 Accessorized Rotating Weight Rack		Draft (New)	Unassigned	Unassigned
5868-013	1	Dispenser, Soap, Wall Mount	GOJO Industries (5160-06)	Project		1-Fixed
DSP0030	O/C	Provon FMX-12/1250mL (5160-06)	GOJO Industries (5160-06)	Draft (New)	Unassigned	Unassigned
5869-042	4	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project		1-Fixed
DSP0825	0/0	Purell LTX-12 White (1920-04)	GOJO Industries (1920-04)	Draft (New)	Unassigned	Unassigned
5920-011	1	Table, Mat, Wall Folding	Performance Health (924054BL)	Project	Unassigned	1-Fixed
TMT0118	O/C	Metron Value Space Saver 4' x 7' Black		Draft (New)	Unassigned	Unassigned
5942-013	1	Table, Mat, Hi-Low, Electric, 72 inch	Armedica Manufacturing Corporation (AM-660)	Existing (Reuse)	Unassigned	2-Movable, Elect
TMT0083	0/0	AM-660 (6ft. x 8ft.)		Draft (Existing)	Unassigned	Unassigned
5960-055	4	Table, Exam/Treatment, Hi-Low	DJO Global, for Chattanooga Products (33201_)	Project	Unassigned	2-Movable, Elect
TBL0331	0/0	Adapta Summit 3-Section Treatment Platform		Draft (New)	Unassigned	Unassigned
5960-055	1	Table, Exam/Treatment, Hi-Low	DJO Global, for Chattanooga Products (33201_)	Existing (Reuse)	Unassigned	2-Movable, Elect
TBL0331	0/0	Adapta Summit 3-Section Treatment Platform		Draft (Existing)	Unassigned	Unassigned

Item Summary

Department: Physical Therapy



Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
6084-087	1	Dispenser, Paper Towel, Surface Mount	Georgia Pacific (59498A)	Project		1-Fixed
DSP1065	O/C	59498A enMotion Impulse 8 (Black)	Georgia Pacific (59498A)	Draft (New)	Unassigned	Unassigned
6292-002	1	Wheelchair, Adult, Bariatric	Sunrise Medical ()	Project		3-Movable, Non-Elect
WCR0100	0/0	Breezy EC 2000HD (22in seat, Swing-away)	Sunrise Medical ()	Draft (New)	Unassigned	Unassigned
6348-106	1	Television, 36-43 in., Flat Panel	LG Commercial Products (42LY340C)	Project		2-Movable, Elect
TVS0498	0/0	42LY340C (42" Ultra-Slim Direct Commercial LED)	LG Commercial Products (42LY340C)	Draft (New)	Unassigned	Unassigned
6464-001	1	Bars, Parallel, Floor Mount	Bailey Manufacturing Company (512)	Project		1-Fixed
BRS0032	O/C	512 (12 ft. length)	Bailey Manufacturing Company (512)	Draft (New)	Unassigned	Unassigned
6477-067	1	Bracket, Monitor, Wall, Flat Panel	Ergotron Inc. (60-604-003)	Project		1-Fixed
BRK0498	O/C	Low Profile Wall Mount	Ergotron Inc. (60-604-003)	Draft (New)	Unassigned	Unassigned
6483-009	1	Stairs, Training, Straight	Clinton Industries, Inc. (4-5500-30)	Existing (Reuse)		3-Movable, Non-Elect
STA0016	0/0	4-5500-30 (Small Up/Down)	Clinton Industries, Inc. (4-5500-30)	Draft (Existing)	Unassigned	Unassigned
6615-003	1	Exerciser, Elliptical/Stepper, Recumbent	SCIFIT Systems, Inc. (RST7000-INT)	Existing (Reuse)	Unassigned	2-Movable, Elect
EXE0160	0/0	RST7000	SCIFIT Systems, Inc. (RST7000-INT)	Draft (Existing)	Unassigned	Unassigned
6615-003	1	Exerciser, Elliptical/Stepper, Recumbent	SCIFIT Systems, Inc. (RST7000-INT)	Project	Unassigned	2-Movable, Elect
EXE0160	0/0	RST7000	SCIFIT Systems, Inc. (RST7000-INT)	Draft (New)	Unassigned	Unassigned
6802-027		Waste Can, Recycle	Rubbermaid Commercial Products (FG354007BLUE)			3-Movable, Non-Elect
WST0267	0/0	3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE)	Draft (New)	Unassigned	Unassigned
7050-001	4	Dispenser, Glove, Quadruple Box	Health Care Logistics (11950)	Project		1-Fixed
GLV0073	O/C	11950	Health Care Logistics (11950)	Draft (New)	Unassigned	Unassigned
7069-003	1	Ergometer, Upper Body	SCIFIT Systems, Inc. (PRO100-INT)	Existing (Reuse)	Unassigned	2-Movable, Elect
ERG0081	0/0	PRO1 Upper Body Exerciser		Draft (Existing)	Unassigned	Unassigned
7277-001	1	Water Treatment System, Ice Maker, Wall Mount	Follett LLC (00130229)	Project		1-Fixed
ICE0157	O/C	Standard Capacity 00130229	Follett LLC (00130229)	Draft (New)	Unassigned	Unassigned
7493-001	4	Dispenser, Disinfectant Wipes, Wall Mount	Metrex (13-1175)	Project		1-Fixed
DSP0114	O/C	CaviWipes Canister Bracket	Metrex (13-1175)	Draft (New)	Unassigned	Unassigned

Item Summary

Department: Physical Therapy



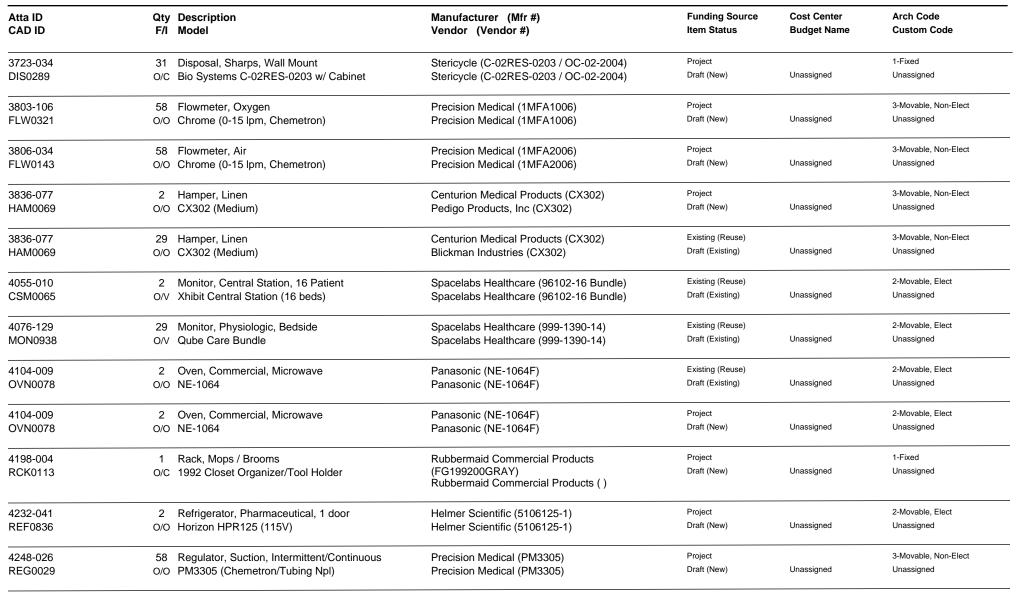
Atta ID	Qty Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
9104-001	1 Table, Mat, Portable	Oakworks Medical (37424-Txx)	Project	Unassigned	3-Movable, Non-Elect
TMT0011	O/O Storable Mat (33"w)	Oakworks Medical (37424-Txx)	Draft (New)		Unassigned
C-378438	1 Exerciser, Leg Press	Shuttle Systems (1221)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
C-378438	O/O Recovery		Draft (Existing)	Unassigned	Unassigned
C-378442	1 Pulley System, Single Column, Wall Mour	nt Endorphin Rehab & Fitness Solutions (325)	Existing (Reuse)	Unassigned	1-Fixed
C-378442	O/C 325 Functional Wall Pulley		Draft (Existing)	Unassigned	Unassigned

Item Summary



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
3355-010	2	Analyzer, Lab, Glucose, Point-of-Care	Nova Biomedical (53398/53400)	Existing (Reuse)		2-Movable, Elect
ANA0702	O/O	StatStrip Glucose Hospital Meter w/Docking Station	Nova Biomedical (53398/53400)	Draft (Existing)	Unassigned	Unassigned
3374-022	2	Pump, Suction/Aspirator, General, Portable	Armstrong Medical Industries ()	Project		2-Movable, Elect
ASP0022	O/O		Armstrong Medical Industries ()	Draft (New)	Unassigned	Unassigned
3446-075	29	Bracket, Monitor, Wall	GCX Corporation (WC-0002-05/SL-0084-16/SL-	Project		1-Fixed
BRK1007	O/C	19" Seis Ch M Series (for Spacelabs qube)	0060-84/SL-0084-01) GCX Corporation (WC-0002-05/SL-0084-16/SL- 0060-84/SL-0084-01)	Draft (New)	Unassigned	Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project		3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
3628-011	4	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Project		1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (New)	Unassigned	Unassigned
3635-040	7	Compression Unit, Extremity Pump, Intermittent	Zimmer Biomet (VP500DM)	Project		2-Movable, Elect
CMU0047	0/0	VasoPress Pump Mini		Draft (New)	Unassigned	Unassigned
3678-072	2	Defibrillator, Monitor, w/Pacing	Zoll Medical Corporation (3 0520 0072 0131 0013)	Project		2-Movable, Elect
DFB0182	0/0	R Series Plus Defibrillator	Zoll Medical Corporation (3 0520 0072 0131 0013)	Draft (New)	Unassigned	Unassigned
3708-111	2	Dispenser, Medication, Host (Main)	BD - Pyxis (M4MB6DR7W3)	Existing (Reuse)		2-Movable, Elect
MED0181	O/V	MedStation 4000 (6-Drwr, 3 Cubie)	BD - Pyxis (M4MB6DR7W3)	Draft (Existing)	Unassigned	Unassigned
3711-029	2	Dispenser, Medication, Auxiliary	BD - Pyxis (M4A4DO)	Project		2-Movable, Elect
MED0172	O/V	Pyxis MedStation 4000 Single Column (4 Door)	BD - Pyxis (M4A4DO)	Draft (New)	Unassigned	Unassigned
3713-017	2	Dispenser, Supply, Auxiliary	BD - Pyxis (S30A4DO0DR)	Project		2-Movable, Elect
SUP0032	O/V		BD - Pyxis (S30A4DO0DR)	Draft (New)	Unassigned	Unassigned
3714-025	1	Dispenser, Cleaning Solution	Diversey Care (04379)	Project		1-Fixed
DSP0850	O/C	J-Fill Duo	Diversey Care (04379)	Draft (New)	Unassigned	Unassigned
3715-021	2	Dispenser, Scrub	Cintas Corporation (R-110)	Project	Unassigned	1-Fixed
DSP0204	O/V	Return R-110		Draft (New)	Unassigned	Unassigned

Item Summary







Atta ID	•	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID		Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4266-032	1	Scale, Clinical, Adult, Digital, Floor	Detecto Scale- Div.Cardinal Scale Mfg (APEX)	Project	Unassigned	2-Movable, Elect
SCL0090	0/0	apex w/ Mechanical Height Rod	Medline Industries Inc. (APEX)	Draft (New)		Unassigned
4352-022	1	Stadiometer, Wall Mount	seca Corp (222 1714 009)	Project	Unassigned	1-Fixed
SDM0036	O/O	seca 222 Mechanical Telescopic Rod (cm/in)		Draft (New)	Unassigned	Unassigned
4417-003	6	Stool, Step, w/Handrail	Pedigo Products, Inc (P-10-A)	Project	Unassigned	3-Movable, Non-Elect
STL0113	O/O	P-10-A Chrome	Pedigo Products, Inc (P-10-A)	Draft (New)		Unassigned
4436-059 STR0450	3 0/0	Stretcher, Procedure / Recovery Prime with Big Wheel 1115 (26' Litter)	Stryker Medical (1115-000-026)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
4436-059 STR0450		Stretcher, Procedure / Recovery Prime with Big Wheel 1115 (26' Litter)	Stryker Medical (1115-000-026) Stryker Medical (1115-000-026)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
4657-018	6	Warmer, Patient, Hypothermia	3M Infection Prevention Division (87500)	Existing (Reuse)	Unassigned	2-Movable, Elect
WMR0016	O/O	Bair Paws Model 875	Stryker Medical (87500)	Draft (Existing)		Unassigned
4657-021 WMR0107		Warmer, Patient, Hypothermia Bair Hugger 775	3M Infection Prevention Division (77500) Stryker Medical (77500)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
4687-068	2	Waste Can, Bio-Hazardous	Rubbermaid Commercial Products (1883566)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
WST0448	0/0	1883566 Slim Jim Resin Front Step 13 Gal/Red	Rubbermaid Commercial Products (1883566)	Draft (Existing)		Unassigned
4688-028 WST0212		Waste Can, Open Top 2543 Fire Resistant Black (28 qt.)	Rubbermaid Commercial Products (FG254300BLA) Rubbermaid Commercial Products (FG254300BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4689-024 BIN0154	2 0/0	Waste Can, Swing Top FG354060 Slim Jim Beige w/FG267360 Lid	Rubbermaid Commercial Products (FG354060BEIG/FG267360BEIG) Rubbermaid Commercial Products (FG354060BEIG/FG267360BEIG)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4715-030	3	Wheelchair, Adult, Standard	Sunrise Medical ()	Project	Unassigned	3-Movable, Non-Elect
WCR0020	0/0	Breezy EC 2000 (16in seat)	Sunrise Medical ()	Draft (New)		Unassigned
4817-061	2	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Project	Unassigned	1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (New)		Unassigned



Item Summary



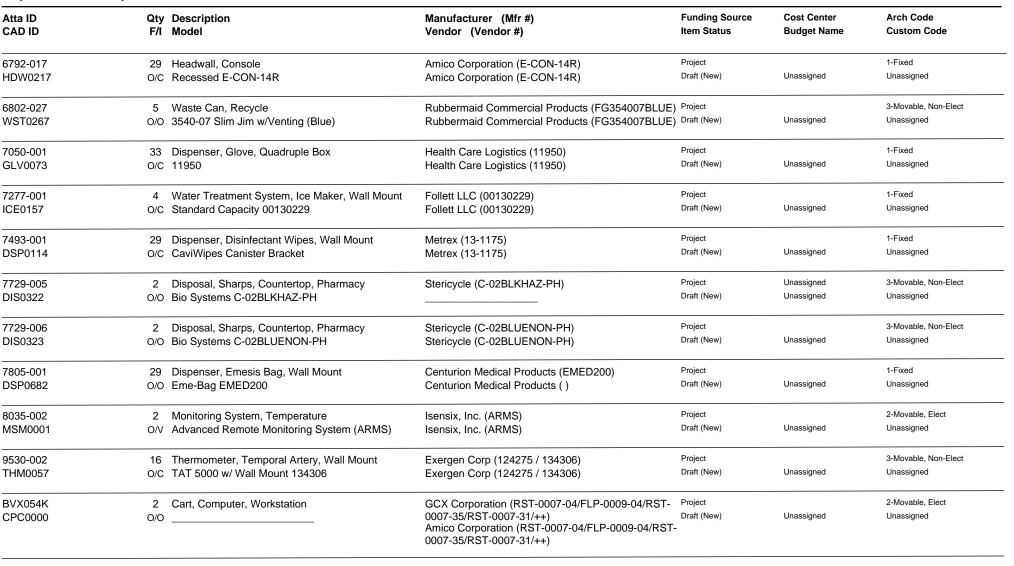
Atta ID CAD ID	•	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4817-061 ICE0272	2 O/C	Ice Machine, Dispenser, Nugget, Countertop Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S) Follett LLC (110CT425A-S)	Existing (Reuse) Draft (Existing)	Unassigned	1-Fixed Unassigned
4920-071 WST0406	3 0/0		Rubbermaid Commercial Products (1883552) Rubbermaid Commercial Products (1883552)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4920-087 WST0482	28 O/O		Rubbermaid Commercial Products (1883458) Rubbermaid Commercial Products (1883458)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4942-325 REF1461	4 0/0	Refrigerator, Domestic with Freezer GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW) GE Appliances (GTE18ETHWW)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5316-060 CWA0191	1 O/C	Cabinet, Warming, Dual, Freestanding 7924TG (Glass Door)	Blickman Industries (14B7924243)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
5407-019 WST0259	9 O/O	Waste Can, 20-31 Gallon FG354060 Slim Jim w/Venting (Gray)	Rubbermaid Commercial Products (FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5832-014 SPC0109		Cart, Supply, Linen, 48 inch Quickwire QWLC246	InnerSpace Corporation (QWLC246-1) InnerSpace Corporation (QWLC246-1)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5845-009 HSK0006	1 O/O	Cart, Housekeeping, Polymer 9T75 High Security Cleaning Cart	Rubbermaid Commercial Products (FG9T7500BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5859-057 PRC0164	2 0/0	Cart, Procedure, Resuscitation UTRLA-333369-RED	Waterloo Healthcare () Waterloo Healthcare ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5863-450 PRC1222		Cart, Procedure, General 7300-33W-03-7 White w/Elect. Lock & Prox Card Rd	InnerSpace Corporation (7300-33W-03-7) Ir InnerSpace Corporation (7300-33W-03-7)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
5868-013 DSP0030	2 O/C	Dispenser, Soap, Wall Mount Provon FMX-12/1250mL (5160-06)	GOJO Industries (5160-06) GOJO Industries (5160-06)	Project Draft (New)	Unassigned	1-Fixed Unassigned
5869-042 DSP0825	51 O/O	Dispenser, Hand Sanitizer, Wall Mount Purell LTX-12 White (1920-04)	GOJO Industries (1920-04) GOJO Industries (1920-04)	Project Draft (New)	Unassigned	1-Fixed Unassigned

Item Summary



Atta ID CAD ID	•	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
5934-014	22	Table, Overbed, General	Stryker Medical (3150-000-100)	Project		3-Movable, Non-Elect
TOB0013		Tru-Fit Single Top w/o Vanity	Stryker Medical (3150-000-100)	Draft (New)	Unassigned	Unassigned
6017-020	2	Cart, Supply, Chrome, 72 inch	InnerSpace Corporation (QWP5276C)	Project		3-Movable, Non-Elect
SPC0429	0/0	QuickWire QWP5276C	InnerSpace Corporation (QWP5276C)	Draft (New)	Unassigned	Unassigned
6084-087	2	Dispenser, Paper Towel, Surface Mount	Georgia Pacific (59498A)	Project		1-Fixed
DSP1065	O/C	59498A enMotion Impulse 8 (Black)	Georgia Pacific (59498A)	Draft (New)	Unassigned	Unassigned
6145-004	2	Doppler, Vascular	Arjo Inc (SD2-P-USA)	Project	Unassigned	2-Movable, Elect
DOP0034	0/0	Dopplex SD2		Draft (New)	Unassigned	Unassigned
6260-012	7	Stand, Mayo, Foot-Operated	Pedigo Products, Inc (P-1066-SS)	Project		3-Movable, Non-Elect
MAY0011	0/0	P-1066-SS	Pedigo Products, Inc (P-1066-SS)	Draft (New)	Unassigned	Unassigned
6292-002	3	Wheelchair, Adult, Bariatric	Sunrise Medical ()	Project		3-Movable, Non-Elect
WCR0100	0/0	Breezy EC 2000HD (22in seat, Swing-away)	Sunrise Medical ()	Draft (New)	Unassigned	Unassigned
6338-001	4	Cart / Truck, Soiled Utility	Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
CTK0076	0/0	4708 Cube Truck w/4609 lid (8 cu.ft., Black)	(FG470800BLA/FG460900BLA) Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
6348-106	1	Television, 36-43 in., Flat Panel	LG Commercial Products (42LY340C)	Project		2-Movable, Elect
TVS0498	0/0	42LY340C (42" Ultra-Slim Direct Commercial LED)	LG Commercial Products (42LY340C)	Draft (New)	Unassigned	Unassigned
6403-025	2	Monitor, Blood Glucose, Point-of-Care	Roche Diagnostics Corporation	Project		3-Movable, Non-Elect
MNR0070	0/0	ACCU-CHEK Inform II Meter & Base Unit	(05060311001/05060290001) Roche Diagnostics Corporation ()	Draft (New)	Unassigned	Unassigned
6451-003	2	Dispenser, Medication, Lock Module	BD - Pyxis (MSRM)	Project		3-Movable, Non-Elect
MED0110	O/V	SMART Remote Manager	BD - Pyxis (MSRM)	Draft (New)	Unassigned	Unassigned
6477-067	23	Bracket, Monitor, Wall, Flat Panel	Ergotron Inc. (60-604-003)	Project		1-Fixed
BRK0498	O/C	Low Profile Wall Mount	Ergotron Inc. (60-604-003)	Draft (New)	Unassigned	Unassigned
6584-080	22	Television, 30-32 in, Flat Panel	LG Commercial Products (32LX570M)	Project		2-Movable, Elect
TVS0571	0/0	32LX570M (32" Hospital Grade LED)	LG Commercial Products (32LX570M)	Draft (New)	Unassigned	Unassigned







Item Summarv

Atta ID CAD ID

3436-030 BLD0047

3665-013 CPA0039

3768-048 ECG0073

4194-014 RCK0092

4300-040 SHL0711

4590-006 VNT0048

4594-025 VNT0093

5362-012 VNT0131

5436-003 HUM0004

Department

Qt	v Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
F/	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4	Blender, Gas, Air/Oxygen	Maxtec, Inc. (R229P01-010)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
0/0	MaxBlend 2 Low Flow (0-15 LPM)		Draft (Existing)	Unassigned	Unassigned
	CPAP Unit, Nasal DreamStation CPAP	Philips - Respironics (DSX200S11)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
1	Electrocardiograph (ECG), Interpretive	Philips Healthcare - Cardiology (860315_A02)	Existing (Reuse)	Unassigned	2-Movable, Elect
O/0	PageWriter TC70		Draft (Existing)	Unassigned	Unassigned
2	Rack, Cylinder, Floor	W.T. Farley (CR-DR06E)	Project	Unassigned	3-Movable, Non-Elect
0/0	CR-DR06E (C,D,E; 6 Cap)	W.T. Farley (CR-DR06E)	Draft (New)		Unassigned
	Shelving, Wire, Chrome, 60 inch Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp () InterMetro Industries Corp ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
1	Ventilator, Adult / Pediatric / Neonatal	Medtronic - Covidien Minimally Invasive Therapies	Existing (Reuse)	Unassigned	2-Movable, Elect
O/0	Puritan Bennett 840 Ventilator	(4-840120DIUU-US)	Draft (Existing)	Unassigned	Unassigned
1	Ventilator, Portable	Vyaire Medical (18888-001)	Existing (Reuse)	Unassigned	2-Movable, Elect
0/0	D LTV 1200		Draft (Existing)	Unassigned	Unassigned
2	,	Philips Healthcare - Hospital Respiratory Care (HRC)	Existing (Reuse)	Unassigned	2-Movable, Elect
0/0		(1113628)	Draft (Existing)	Unassigned	Unassigned
4	Humidifier, Heated	Fisher & Paykel Healthcare (MR850JHU)	Existing (Reuse)	Unassigned	2-Movable, Elect
0/0	MR850 System		Draft (Existing)	Unassigned	Unassigned





Department: Support Services

Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
3417-024	4	Bed, Electric	Hillrom - Bed & Stretcher Group (P3200 / VC200)	Project		2-Movable, Elect
BED0004	O/O	VersaCare [VC200] w/Foam Surface	Stryker Medical (P3200 / VC200)	Draft (New)	Unassigned	Unassigned
3427-002	1	Bench, Work, Steel w/ Power	Stanley Vidmar ()	Project		2-Movable, Elect
BCH0020	0/0	ETW-1 StaticGard Technician's Wkstn	Stanley Vidmar ()	Draft (New)	Unassigned	Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project		3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
3468-072	1	Cabinet, Storage, Clinical, Flammable Items	Justrite Manufacturing Company, LLC ()	Project		3-Movable, Non-Elect
CST0664	0/0	Sure-Grip EX Slimline 22 Gal (Manual)	Justrite Manufacturing Company, LLC ()	Draft (New)	Unassigned	Unassigned
3495-005	1	Dispenser, Personal Protection, Wall Mount	TIDI Products ()	Project		1-Fixed
CST0365	O/C	P2 Station 8565 w/ 8562 Glove Box	TIDI Products ()	Draft (New)	Unassigned	Unassigned
3581-059	22	Cart / Truck, Linen, Bulk	InterMetro Industries Corp (TXPA-BLK48)	Project		3-Movable, Non-Elect
CTK0796	0/0	MetroTrux TXPA-BLK48	InterMetro Industries Corp (TXPA-BLK48)	Draft (New)	Unassigned	Unassigned
3583-019	6	Cart / Truck, Platform	Rubbermaid Commercial Products (FG443600BLA)	Project		3-Movable, Non-Elect
CTK0679	0/0	4436 HD Platform (Med 24" x 48")	Grainger (FG443600BLA)	Draft (New)	Unassigned	Unassigned
3583-019	4	Cart / Truck, Platform	Rubbermaid Commercial Products (FG443600BLA)	Project		3-Movable, Non-Elect
CTK0679	0/0	4436 HD Platform (Med 24" x 48")	Rubbermaid Commercial Products (FG443600BLA)	Draft (New)	Unassigned	Unassigned
3584-008	1	Cart / Truck, Hand	Grainger (6W046)	Project		3-Movable, Non-Elect
CTK0756	0/0	Dayton General Purpose 6W046	Grainger (6W046)	Draft (New)	Unassigned	Unassigned
3628-011	2	Coffee Maker, Automatic, 1-2 Warmer	Bunn-O-Matic Corporation (12950.0293)	Project		1-Fixed
COF0104	O/C	CWTF15-1	Bunn-O-Matic Corporation (12950.0293)	Draft (New)	Unassigned	Unassigned
3668-074	3	Crib, General	Pedicraft ()	Existing (Reuse)		3-Movable, Non-Elect
CRB0050	O/O	32212 Infant Crib (29 x 44)	Pedicraft ()	Draft (Existing)	Unassigned	Unassigned
3714-025	2	Dispenser, Cleaning Solution	Diversey Care (04379)	Project		1-Fixed
DSP0850	O/C	J-Fill Duo	Diversey Care (04379)	Draft (New)	Unassigned	Unassigned
3796-031	2	Floor Machine, Burnisher, Electric	Windsor Kärcher Group ()	Project		3-Movable, Non-Elect
FLR0031	0/0	Lightning 1500	Windsor Kärcher Group ()	Draft (New)	Unassigned	Unassigned





Department: Support Services



Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3799-038 FLR0115		Floor Machine, Extractor, Carpet 1610 Dual Technology	Tennant Company (9000500) Nobles Industries (9000500)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3836-077 HAM0069		Hamper, Linen CX302 (Medium)	Centurion Medical Products (CX302) Pedigo Products, Inc (CX302)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4104-009	2	Oven, Commercial, Microwave	Panasonic (NE-1064F)	Project	Unassigned	2-Movable, Elect
OVN0078	0/0	NE-1064	Panasonic (NE-1064F)	Draft (New)		Unassigned
4194-018	4	Rack, Cylinder, Floor	Anthony Welded Products, Inc. (6120)	Project	Unassigned	3-Movable, Non-Elect
RCK0097	0/0	6120 (12 cap.)	Anthony Welded Products, Inc. ()	Draft (New)		Unassigned
4198-004 RCK0113	1 O/C	Rack, Mops / Brooms 1992 Closet Organizer/Tool Holder	Rubbermaid Commercial Products (FG199200GRAY) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
4298-042	6	Shelving, Wire, Chrome, 48 inch	InterMetro Industries Corp ()	Project	Unassigned	3-Movable, Non-Elect
SHL0734	O/O	Super Erecta 48x24x74 (5-Tier)	InterMetro Industries Corp ()	Draft (New)		Unassigned
4300-040 SHL0711		Shelving, Wire, Chrome, 60 inch Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp () InterMetro Industries Corp ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4301-026	1	Shelving, Wire, Chrome, 72 inch	InterMetro Industries Corp ()	Project	Unassigned	3-Movable, Non-Elect
SHL0731	0/0	Super Erecta 72x18x74 (5-Tier)	InterMetro Industries Corp ()	Draft (New)		Unassigned
1582-012	3	Vacuum, Wide Area, Upright	Nobles Industries ()	Project	Unassigned	2-Movable, Elect
/AC0203	0/0	V-WA-26	Nobles Industries ()	Draft (New)		Unassigned
1584-068	2	Vacuum, Wet / Dry	Nobles Industries ()	Project	Unassigned	2-Movable, Elect
/AC0206	0/0	V-WD-16P (16 gal)	Nobles Industries ()	Draft (New)		Unassigned
1688-028 NST0212			Rubbermaid Commercial Products (FG254300BLA) Rubbermaid Commercial Products (FG254300BLA)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4817-061	2	Ice Machine, Dispenser, Nugget, Countertop	Follett LLC (110CT425A-S)	Project	Unassigned	1-Fixed
ICE0272	O/C	Symphony Plus 110CT425A-S (SensorSAFE)	Follett LLC (110CT425A-S)	Draft (New)		Unassigned

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Department: Support Services



Atta ID CAD ID	Qty F/I	Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
4881-006	5	Bench, Tech Workstation, 6 ft.	Teclab (TWS-7000-ESD-0)	Project		2-Movable, Elect
BCH0035	0/0	TWS-7000-ESD-0	Teclab (TWS-7000-ESD-0)	Draft (New)	Unassigned	Unassigned
4920-071	2	Waste Can, Step-On	Rubbermaid Commercial Products (1883552)	Project		3-Movable, Non-Elect
WST0406	0/0	1883552 Slim Jim Resin Front Step 24 Gal/Beige	Rubbermaid Commercial Products (1883552)	Draft (New)	Unassigned	Unassigned
4942-325	2	Refrigerator, Domestic with Freezer	GE Appliances (GTE18ETHWW)	Project		2-Movable, Elect
REF1461	0/0	GTE18ETHWW Energy Star (18.2 Cu.Ft/White)	GE Appliances (GTE18ETHWW)	Draft (New)	Unassigned	Unassigned
5344-002	1	Floor Machine, Burnisher, Rider	Windsor Kärcher Group ()	Project		2-Movable, Elect
FLR0152	0/0	Chariot iGloss (CB202)	Windsor Kärcher Group ()	Draft (New)	Unassigned	Unassigned
5407-019	4		Rubbermaid Commercial Products	Project		3-Movable, Non-Elect
WST0259	0/0	FG354060 Slim Jim w/Venting (Gray)	(FG354060GRAY) Rubbermaid Commercial Products (FG354060GRAY)	Draft (New)	Unassigned	Unassigned
5584-022	2	Cabinet, Storage, Non-Clinical, Drawers	Sears/Craftsman ()	Project		3-Movable, Non-Elect
CSN0094	0/0	Craftsman 52in. 12-Dwr Heavy-Duty Rolling Cart	Sears/Craftsman ()	Draft (New)	Unassigned	Unassigned
5697-003	3	0	InterMetro Industries Corp ()	Project		3-Movable, Non-Elect
SHL0714	0/0	Super Erecta 60x24x74 (4-Tier)	InterMetro Industries Corp ()	Draft (New)	Unassigned	Unassigned
5698-001	3	Shelving, Solid, Steel, 72 inch	Lyon Workspace Products, Inc. ()	Project		3-Movable, Non-Elect
SHL0306	0/0	73047/72556 (4 Level, 72 x 36 in.)	Lyon Workspace Products, Inc. ()	Draft (New)	Unassigned	Unassigned
5698-002	1	Shelving, Solid, Steel, 72 inch	Lyon Workspace Products, Inc. ()	Project		3-Movable, Non-Elect
SHL0307	0/0	67311SD (Solid Deck, 72in.W)	Lyon Workspace Products, Inc. ()	Draft (New)	Unassigned	Unassigned
5773-010	3	Floor Machine, Scrubber, 32+ in	Tennant Company (9002577)	Existing (Reuse)	Unassigned	2-Movable, Elect
FLR0303	0/0	T5 Walk-Behind w/FaST (32" Disk)		Draft (Existing)	Unassigned	Unassigned
5811-018	2	Cart, Equipment, Tools	Sears/Craftsman ()	Project		3-Movable, Non-Elect
EQC0783	O/O	Craftsman 4-Dwr Ball-Bearing Rolling Cabinet	Sears/Craftsman ()	Draft (New)	Unassigned	Unassigned
5820-010	1	Vise, Bench	Wilton Tool Group (14600)	Project		3-Movable, Non-Elect
VSE0011	0/0	4600 (6.5 inch Jaw Width/Swivel)		Draft (New)	Unassigned	Unassigned



Department: Support Services



Atta ID CAD ID		Description Model	Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code
5832-014	2	Cart, Supply, Linen, 48 inch	InnerSpace Corporation (QWLC246-1)	Project		3-Movable, Non-Elect
SPC0109	O/O	Quickwire QWLC246	InnerSpace Corporation (QWLC246-1)	Draft (New)	Unassigned	Unassigned
5836-066	6	Cart, Utility, Polymer	Rubbermaid Commercial Products ()	Project		3-Movable, Non-Elect
UTC0825	0/0	9T66 2-Shelf Black	Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned
5843-001		Cart, Supply, Linen, 60 inch	InterMetro Industries Corp ()	Project		3-Movable, Non-Elect
SPC0117	0/0	AST65MC Slanted Shelf (60x24x62 Heavy Duty)	InterMetro Industries Corp ()	Draft (New)	Unassigned	Unassigned
5845-009	1	Cart, Housekeeping, Polymer	Rubbermaid Commercial Products (FG9T7500BLA)	Project		3-Movable, Non-Elect
HSK0006	0/0	9T75 High Security Cleaning Cart		Draft (New)	Unassigned	Unassigned
5846-027	3	Cart, Housekeeping, Stainless	Royce Rolls Ringer Company ()	Project		3-Movable, Non-Elect
HSK0042	0/0	C36-04E	Royce Rolls Ringer Company ()	Draft (New)	Unassigned	Unassigned
5869-042	3	Dispenser, Hand Sanitizer, Wall Mount	GOJO Industries (1920-04)	Project		1-Fixed
DSP0825	O/C	Purell LTX-12 White (1920-04)	Medline Industries Inc. (1920-04)	Draft (New)	Unassigned	Unassigned
5968-002	1	Table, Work, Stainless, 84 inch	Blickman Industries ()	Project		3-Movable, Non-Elect
TWK0076	0/0	CSDT8036S1 (80"Wx36"D w/Lwr Shelf)	Blickman Industries ()	Draft (New)	Unassigned	Unassigned
6015-071	3	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Project		3-Movable, Non-Elect
SPC1031	0/0	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (New)	Unassigned	Unassigned
6177-036	1	Cabinet, Storage, Non-Clinical, Supply	Grainger ()	Project		5-Furniture
CSN0093	0/0	Durham 2602-4S-95 (16D677)	Grainger ()	Draft (New)	Unassigned	Unassigned
6177-040	1	Cabinet, Storage, Non-Clinical, Supply	Akro-Mils ()	Project		5-Furniture
CSN0099	0/0	AC3624 Akrobin Cabinet	Akro-Mils ()	Draft (New)	Unassigned	Unassigned
6209-020	2	Bed, Electric, Pulmonary Therapy	Hillrom - Bed & Stretcher Group (PRO-800)	Existing (Reuse)	Unassigned	2-Movable, Elect
BED0412	0/0	Progressa Pulmonary PRO-800		Draft (Existing)	Unassigned	Unassigned
6802-027	2	Waste Can, Recycle	Rubbermaid Commercial Products (FG354007BLUE)			3-Movable, Non-Elect
WST0267	0/0	3540-07 Slim Jim w/Venting (Blue)	Rubbermaid Commercial Products (FG354007BLUE)	Draft (New)	Unassigned	Unassigned
6802-028	1	Waste Can, Recycle	Rubbermaid Commercial Products ()	Project		3-Movable, Non-Elect
WST0268	0/0	3540-07 Slim Jim (Venting/Green)	Rubbermaid Commercial Products ()	Draft (New)	Unassigned	Unassigned

Item Summary

Atta ID

CAD ID

7050-001

GLV0073

7130-005

TWK0202

7277-001

ICE0157

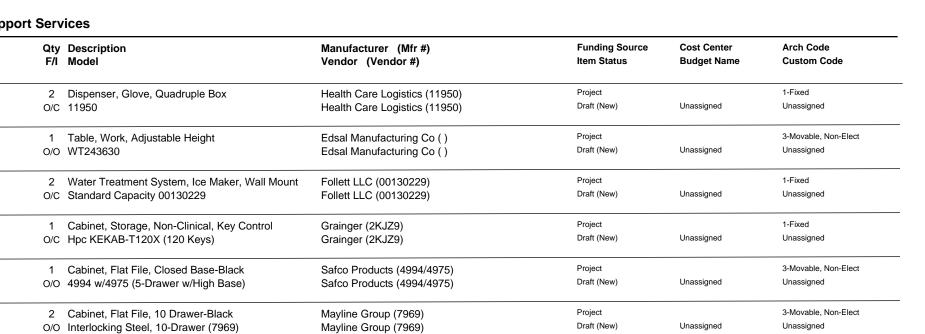
7472-005

CSN0073

7785-002

CSN0066

Department: Support Services



7785-003	2 Cabinet, Flat File, 10 Drawer-Black	Mayline Group (7969)	Project	Unassigned	3-Movable, Non-Elect
CFL0082	O/O Interlocking Steel, 10-Drawer (7969)	Mayline Group (7969)	Draft (New)		Unassigned
8214-006	6 Waste Can, Bio-Hazardous, 32-55 Gallon	Rubbermaid Commercial Products ()	Project	Unassigned	3-Movable, Non-Elect
WST0162	O/V 2632 BRUTE Red w/2631 Lid & 2640 Dolly	Rubbermaid Commercial Products ()	Draft (New)		Unassigned
C-237987	1 Key Duplicator, Semi-Auto	Grainger (3344HQT)	Project	Unassigned	1-Fixed
C-237987	0/0 2KJY8	Grainger ()	Draft (New)		Unassigned



Item Summary



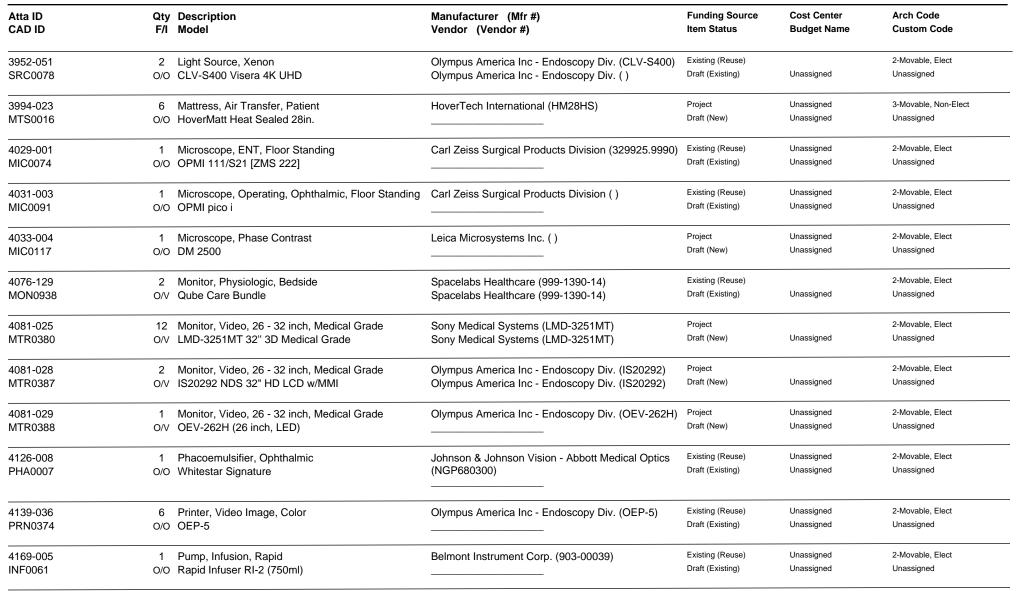
Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3370-054 ANE0048			Draft (Existing) Unassigned		2-Movable, Elect Unassigned	
3372-122	4	Apron, Lead	AliMed, Inc. ()	Project	Unassigned	3-Movable, Non-Elect
APR0155	O/O	937191 Grab 'n Go Weight Reliever (Medium)	AliMed, Inc. ()	Draft (New)		Unassigned
3374-022 ASP0022			Armstrong Medical Industries (AE-6976) Armstrong Medical Industries (AE-6976)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3450-015	1	Bucket, Mopping	Rubbermaid Commercial Products (FGQ95088YEL)	Project	Unassigned	3-Movable, Non-Elect
BUK0033	0/0	Q950-88 HYGEN Charging Bucket	Rubbermaid Commercial Products ()	Draft (New)		Unassigned
3451-001	6	Bucket, Kick	Pedigo Products, Inc (P-1020-SS)	Project	Unassigned	3-Movable, Non-Elect
BUK0014	O/O	P-1020-SS	Pedigo Products, Inc (P-1020-SS)	Draft (New)		Unassigned
3635-040 CMU0047	6 O/O	Compression Unit, Extremity Pump, Intermittent VasoPress Pump Mini	Zimmer Biomet (VP500DM)	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3678-028 DFB0038		Defibrillator, Monitor, w/Pacing R Series ALS w/Exp Pkg, Masimo SpO2 & Pacing	Zoll Medical Corporation (3 0120 0010 0111 0012) Zoll Medical Corporation (3 0120 0010 0111 0012)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
3708-109 MED0176		Dispenser, Medication, Host (Main) Pyxis MedStation 4000 (2-Drwr, 0 Cubie)	BD - Pyxis (M4MB2DR7W0) BD - Pyxis ()	Project Draft (New)	Unassigned	2-Movable, Elect Unassigned
3708-111	1	Dispenser, Medication, Host (Main)	BD - Pyxis (M4MB6DR7W3)	Existing (Reuse)	Unassigned	2-Movable, Elect
MED0181	0/V	MedStation 4000 (6-Drwr, 3 Cubie)	BD - Pyxis (M4MB6DR7W3)	Draft (Existing)		Unassigned
3714-025	1	Dispenser, Cleaning Solution	Diversey Care (04379)	Project	Unassigned	1-Fixed
DSP0850	O/C	J-Fill Duo	Diversey Care (04379)	Draft (New)		Unassigned
3715-020	1	Dispenser, Scrub	Cintas Corporation (D-10)	Project	Unassigned	1-Fixed
DSP0203	0/V	Dispenser D-10		Draft (New)	Unassigned	Unassigned
3715-021	1	Dispenser, Scrub	Cintas Corporation (R-110)	Project	Unassigned	1-Fixed
DSP0204	0/V	Return R-110		Draft (New)	Unassigned	Unassigned

Item Summary



Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
3803-106 FLW0321		Flowmeter, Oxygen Chrome (0-15 lpm, Chemetron)	Precision Medical (1MFA1006) Precision Medical (1MFA1006)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
3806-034	8	Flowmeter, Air	Precision Medical (1MFA2006)	Project	Unassigned	3-Movable, Non-Elect
FLW0143	O/O	Chrome (0-15 lpm, Chemetron)	Precision Medical (1MFA2006)	Draft (New)		Unassigned
3807-005	1	Fluid Management System, Hysteroscopic	Hologic, Inc Surgical and Diagnostic (AQL-100 / AQL-100CS)	Project	Unassigned	2-Movable, Elect
FMS0007	0/0	Aquilex with Stand		Draft (New)	Unassigned	Unassigned
3836-077 HAM0069		Hamper, Linen CX302 (Medium)	Centurion Medical Products (CX302) Pedigo Products, Inc (CX302)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
3836-077 HAM0069		Hamper, Linen CX302 (Medium)	Centurion Medical Products (CX302) Blickman Industries (CX302)	Existing (Reuse) Draft (Existing)	Unassigned	3-Movable, Non-Elect Unassigned
3839-043 HDL0079	2 0/0	Headlight, w/ Light Source TITAN X450 System w/Stand & Headlight	Sunoptics Surgical (TITANX450ST-K / SSL0070T / SG35-110-VHB) 	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
3874-017	1	Hypo-Hyperthermia Unit, General	Gentherm - CSZ (222S)	Existing (Reuse)	Unassigned	2-Movable, Elect
HYP0020	0/0	Blanketrol II		Draft (Existing)	Unassigned	Unassigned
3910-023 ISF0026		Insufflator, CO2 UCR	Olympus America Inc - Endoscopy Div. (UCR)	Existing (Reuse) Draft (Existing)	Unassigned Unassigned	2-Movable, Elect Unassigned
3910-026	2	Insufflator, CO2	Olympus America Inc - Surgical Div. (UHI-4)	Project	Unassigned	2-Movable, Elect
ISF0030	0/0	UHI-4	Olympus America Inc - Surgical Div. (UHI-4)	Draft (New)		Unassigned
3929-011	1	Laser, Ophthalmic, Nd: YAG	Carl Zeiss Meditec (266002-1125-321)	Project	Unassigned	2-Movable, Elect
LAS0017	0/V	VISULAS YAG III		Draft (New)	Unassigned	Unassigned
3952-008	1	Light Source, Xenon	KARL STORZ Endoscopy (201331-20-1)	Existing (Reuse)	Unassigned	2-Movable, Elect
SRC0022	0/0	SCB 300W		Draft (Existing)	Unassigned	Unassigned
3952-048	6	Light Source, Xenon	Olympus America Inc - Endoscopy Div. (CLV-190)	Existing (Reuse)	Unassigned	2-Movable, Elect
SRC0068	O/O	CLV-190 EVIS EXERA III		Draft (Existing)	Unassigned	Unassigned

Item Summary





Item Summary



Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
4177-039 INF0032	6 O/O	Pump, Infusion, Single SIGMA Spectrum (w/ Standard Battery)	Baxter Healthcare - Sigma Pumps (35700BAX/35724) Baxter Healthcare - Sigma Pumps (35700BAX/35724)	Existing (Reuse) Draft (Existing)	Unassigned	2-Movable, Elect Unassigned
4188-047	1	Rack, Apron, Mobile	AliMed, Inc. (920507)	Project	Unassigned	3-Movable, Non-Elect
RCK0705	0/0	920507 Six-Apron		Draft (New)	Unassigned	Unassigned
4198-004 RCK0113	1 O/C	Rack, Mops / Brooms 1992 Closet Organizer/Tool Holder	Rubbermaid Commercial Products (FG199200GRAY) Rubbermaid Commercial Products ()	Project Draft (New)	Unassigned	1-Fixed Unassigned
4232-041	1	Refrigerator, Pharmaceutical, 1 door	Helmer Scientific (5106125-1)	Project	Unassigned	2-Movable, Elect
REF0836	0/0	Horizon HPR125 (115V)	Helmer Scientific (5106125-1)	Draft (New)		Unassigned
4248-026	28	Regulator, Suction, Intermittent/Continuous	Precision Medical (PM3305)	Project	Unassigned	3-Movable, Non-Elect
REG0029	O/O	PM3305 (Chemetron/Tubing Npl)	Precision Medical (PM3305)	Draft (New)		Unassigned
4292-008	6	Shaver System, Arthroscopic	Stryker Endoscopy (0475-000-000)	Existing (Reuse)	Unassigned	2-Movable, Elect
SHV0010	O/O	Crossfire Console		Draft (Existing)	Unassigned	Unassigned
4300-040 SHL0711		Shelving, Wire, Chrome, 60 inch Super Erecta - Super Adjustable 60x24x74 (5-Tier)	InterMetro Industries Corp () InterMetro Industries Corp ()	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4311-034	1	Shield, Lead, Mobile	Biodex Medical Systems, Inc. (042-580)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
SHD0110	O/O	042-580 Clear-Lead Mobile Barrier (Regular Windov) Biodex Medical Systems, Inc. ()	Draft (Existing)		Unassigned
4335-003	6	Sink, Scrub, 2-Bay, Stainless Steel	STERIS Corporation (CE12-230-1)	Project	Unassigned	1-Fixed
SNK0035	0/V	Flexmatic w/ Digital Timer	STERIS Corporation (CE12-230-1)	Draft (New)		Unassigned
4360-022	1	Stand, IV, Stainless Steel	Pryor Products, Inc. (135)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
IVS0129	O/O	135 (4 Hook/Steel Base)		Draft (Existing)	Unassigned	Unassigned
4361-019 IVS0059		Stand, IV, Chrome 1350-4 (5-Leg, 4-Hook)	Blickman Industries (0561350400) Blickman Industries (0561350400)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
4361-019	1	Stand, IV, Chrome	Blickman Industries (0561350400)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
IVS0059	O/O	1350-4 (5-Leg, 4-Hook)		Draft (Existing)	Unassigned	Unassigned

Item Summary



Atta ID CAD ID			Manufacturer (Mfr #) Vendor (Vendor #)	Funding Source Item Status	Cost Center Budget Name	Arch Code Custom Code	
4361-019	2	Stand, IV, Chrome	Blickman Industries (0561350400)	Existing (Reuse)		3-Movable, Non-Elect	
IVS0059	0/0	O/O 1350-4 (5-Leg, 4-Hook) Blickman Industries (0561350400)		Draft (Existing)	Unassigned	Unassigned	
4361-019	1	Stand, IV, Chrome	Blickman Industries (0561350400)	Project	Unassigned	3-Movable, Non-Elect	
IVS0059	0/0	1350-4 (5-Leg, 4-Hook)		Draft (New)	Unassigned	Unassigned	
4406-021	6	Stimulator, Peripheral Nerve	SunMed (8-1053-62)	Project		3-Movable, Non-Elect	
STM0080	0/0	SunStim Plus		Draft (New)	Unassigned	Unassigned	
4411-012	6	Stool, Anesthetist	Reliance Medical Products (535613)	Project		3-Movable, Non-Elect	
STL0009	0/0	5300 Series Hydraulic (5356)		Draft (New)	Unassigned	Unassigned	
4414-017	12	Stool, Exam, Cushion-Seat	Pedigo Products, Inc (P-536-GS-BLK)	Existing (Reuse)		3-Movable, Non-Elect	
STL0039	0/0	P-536-GS	Pedigo Products, Inc (P-536-GS-BLK)	Draft (Existing)	Unassigned	Unassigned	
4417-003	1	Stool, Step, w/Handrail	Pedigo Products, Inc (P-10-A)	Project		3-Movable, Non-Elect	
STL0113	0/0	P-10-A Chrome	Pedigo Products, Inc (P-10-A)	Draft (New)	Unassigned	Unassigned	
4436-059	4	Stretcher, Procedure / Recovery	Stryker Medical (1115-000-026)	Existing (Reuse)		3-Movable, Non-Elect	
STR0450	0/0	Prime with Big Wheel 1115 (26' Litter)	Stryker Medical (1115-000-026)	Draft (Existing)	Unassigned	Unassigned	
4552-020	6	Tourniquet System, General	Stryker Instruments (5920-011-000)	Existing (Reuse)	Unassigned	2-Movable, Elect	
TQT0022	0/0	SmartPump Dual Channel		Draft (Existing)	Unassigned	Unassigned	
4569-166	2	Ultrasound, Imaging, Multipurpose	FUJIFILM SonoSite, Inc (L22406/L21432)	Existing (Reuse)	Unassigned	2-Movable, Elect	
ULT0363	0/0	SonoSite SII w/Mobile Stand		Draft (Existing)	Unassigned	Unassigned	
4598-003	2	Video System, Endoscopic	Olympus America Inc - Endoscopy Div. (OTV-S190)	Project		2-Movable, Elect	
CAM0142	O/V	OTV-S190 Visera Elite Video System	Olympus America Inc - Endoscopy Div. ()	Draft (New)	Unassigned	Unassigned	
4598-023	6	Video System, Endoscopic	Olympus America Inc - Endoscopy Div. (CV-190)	Existing (Reuse)	Unassigned	2-Movable, Elect	
VSY0046	0/0	CV-190 EVIS EXERA III Video System Center	Olympus America Inc - Endoscopy Div. (CV-190)	Draft (Existing)	Unassigned	Unassigned	
4598-029	30	Video System, Endoscopic	Stryker Endoscopy (0240-260-000)	Existing (Reuse)	Unassigned	2-Movable, Elect	
VSY0172				Draft (Existing)	Unassigned	Unassigned	
4657-021	6	Warmer, Patient, Hypothermia	3M Infection Prevention Division (77500)	Existing (Reuse)		2-Movable, Elect	
WMR0107	0/0	Bair Hugger 775	3M Infection Prevention Division (77500)	Draft (Existing)	Unassigned	Unassigned	

Item Summary

Atta ID

CAD ID

4688-028

WST0212

4740-020

CRM0104

4741-039

CRM0044

4741-039

CRM0044

4824-112

ESU0131

4824-112

ESU0131

4824-117

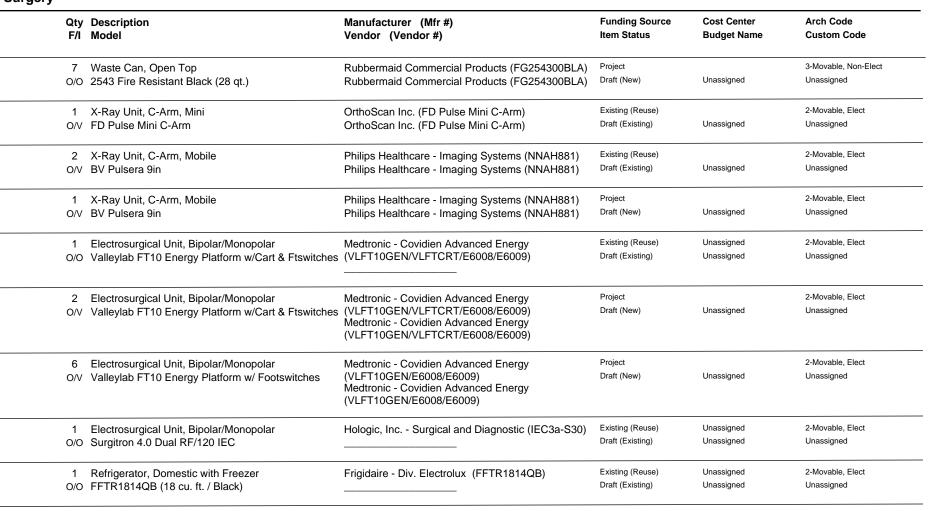
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4824-119

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4942-367

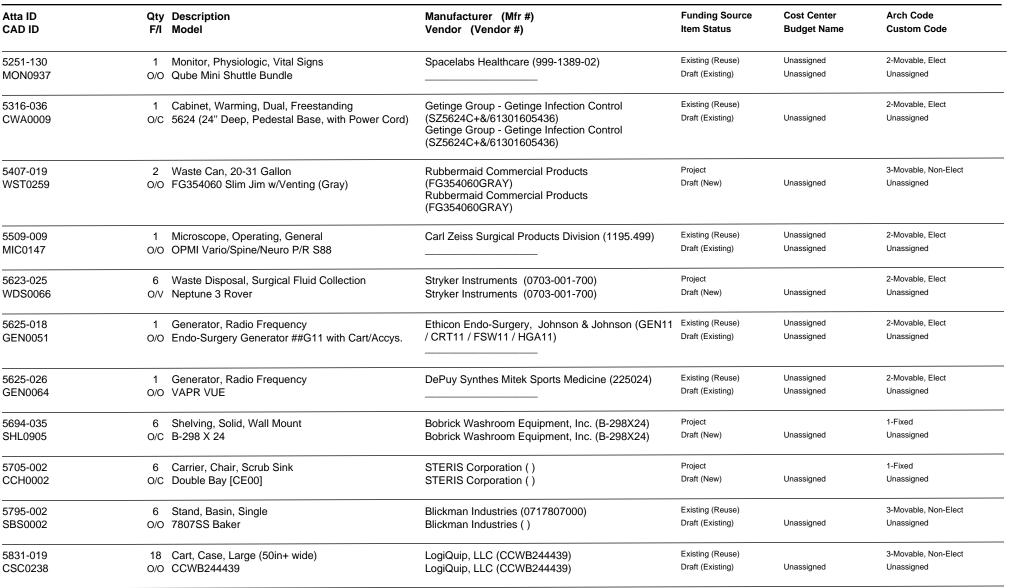
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5002-003	26 Stool, Step, Stackable	Phelan Manufacturing Corporation (5058-1)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
STL0215	O/O 5058-1 Add-A-Unit	Phelan Manufacturing Corporation (5058-1)	Draft (Existing)		Unassigned
5041-013 DSP0947	12 Dispenser, Mask O/O FM200-0212	Bowman Dispensers (FM200-0212)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned

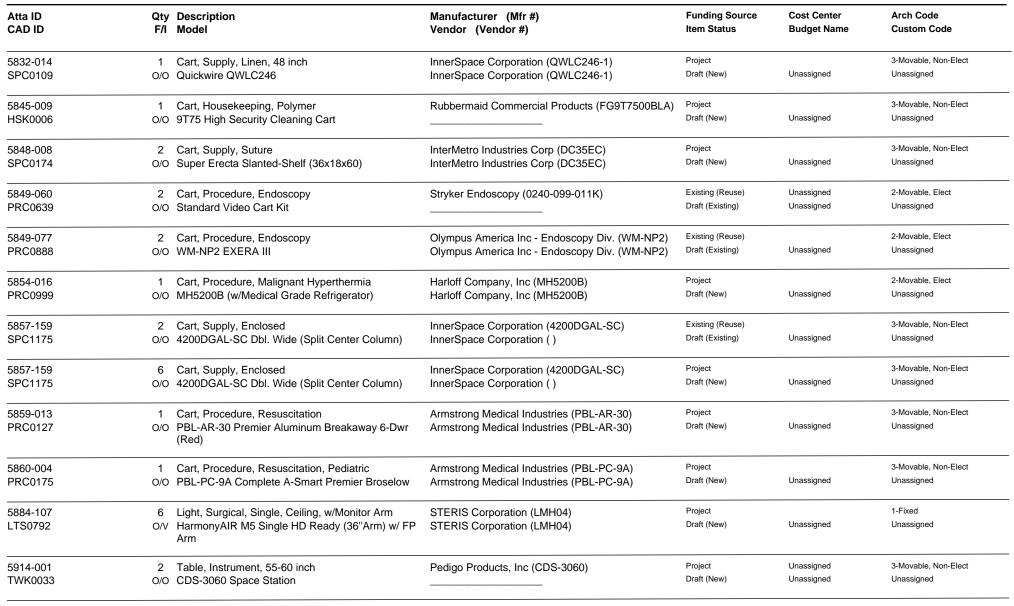


Item Summary





Item Summary



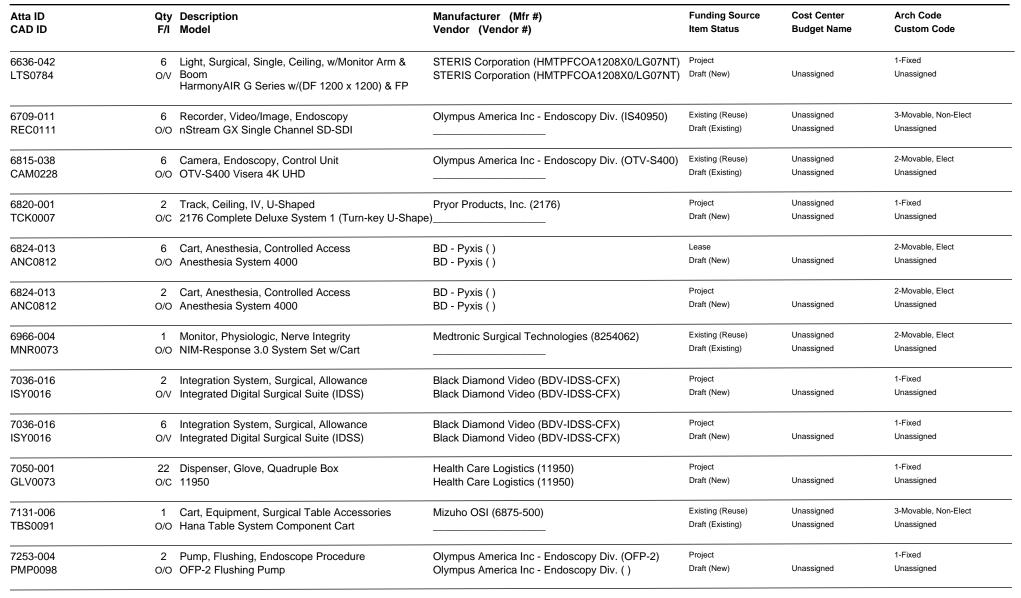


Item Summary



Atta ID	Qty	Description	Manufacturer (Mfr #)	Funding Source	Cost Center	Arch Code
CAD ID	F/I	Model	Vendor (Vendor #)	Item Status	Budget Name	Custom Code
5914-004	6	Table, Instrument, 55-60 inch	Blickman Industries (0117836000)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
TIN0069	O/O	7836SS	Blickman Industries (0117836000)	Draft (Existing)		Unassigned
5944-126	6	Table, Surgical, Major	Skytron (3503)	Project	Unassigned	2-Movable, Elect
TBS0424	O/O	3503 EZ Slide	Skytron (3503)	Draft (New)		Unassigned
5946-011	1	Table, Surgical, Orthopedic	Mizuho OSI (6875)	Existing (Reuse)	Unassigned	2-Movable, Elect
TBS0068	0/0	hana Orthopedic Fracture/Trauma (6875)		Draft (Existing)	Unassigned	Unassigned
5950-060	6	Table, Imaging, Rad/ Fluoro, C-arm	Oakworks Medical (65747-T01)	Existing (Reuse)	Unassigned	2-Movable, Elect
TIM0383	O/O	CFPM401 (4-Movement, Integrated Headrest)		Draft (Existing)	Unassigned	Unassigned
5990-006	6	Table, Utility, General Purpose	Blickman Industries (0257852000)	Project	Unassigned	3-Movable, Non-Elect
TBU0007	O/O	7852SS Allen	Blickman Industries ()	Draft (New)		Unassigned
6015-071	3	Cart, Supply, Chrome, 48 inch	InnerSpace Corporation (QWP5247GC)	Existing (Reuse)	Unassigned	3-Movable, Non-Elect
SPC1031	0/0	Quickwire QWP5247GC	InnerSpace Corporation ()	Draft (Existing)		Unassigned
6260-012 MAY0011		Stand, Mayo, Foot-Operated P-1066-SS	Pedigo Products, Inc (P-1066-SS) Pedigo Products, Inc (P-1066-SS)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6327-013	1	Pump, Irrigation, Arthroscopic	Stryker Endoscopy (0450-000-000)	Existing (Reuse)	Unassigned	2-Movable, Elect
PMP0168	0/0	CrossFlow Integrated		Draft (Existing)	Unassigned	Unassigned
6327-013	1	Pump, Irrigation, Arthroscopic	Stryker Endoscopy (0450-000-000)	Project	Unassigned	2-Movable, Elect
PMP0168	0/0	CrossFlow Integrated	Stryker Endoscopy (0450-000-000)	Draft (New)	Unassigned	Unassigned
6400-063	6	Boom, Anesthesia	STERIS Corporation (HMSLFCOA1208X0)	Project	Unassigned	1-Fixed
BOM0287	O/V	HarmonyAIR DF Fixed w/Column (12E/8G)	STERIS Corporation (HMSLFCOA1208X0)	Draft (New)		Unassigned
6457-020 DIS0083		Disposal, Sharps, Floor Cart Bio Systems C-17/DWSH-17/LH-17	Stericycle (C-17/DWSH-17/LH-17) Stericycle (C-17/DWSH-17/LH-17)	Project Draft (New)	Unassigned	3-Movable, Non-Elect Unassigned
6477-067 BRK0498		Bracket, Monitor, Wall, Flat Panel Low Profile Wall Mount	Ergotron Inc. (60-604-003) Ergotron Inc. (60-604-003)	Project Draft (New)	Unassigned	1-Fixed Unassigned
6548-001	1	Table, Instrument, Nested	Blickman Industries (0137821000)	Project	Unassigned	3-Movable, Non-Elect
TIN0107	O/O	7821SS (Full Set)		Draft (New)	Unassigned	Unassigned

Item Summary





Item Summary

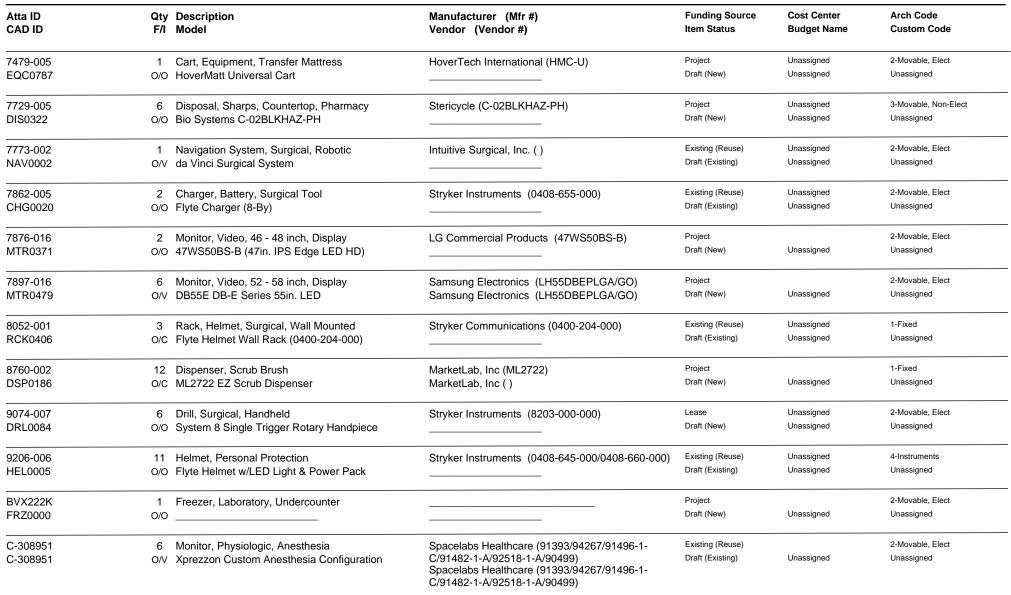




Exhibit 3 Replacement Hospital Drawings





Floor Plans Samaritan Healthcare Medical Campus 2 October 2019





Plan, Level 2

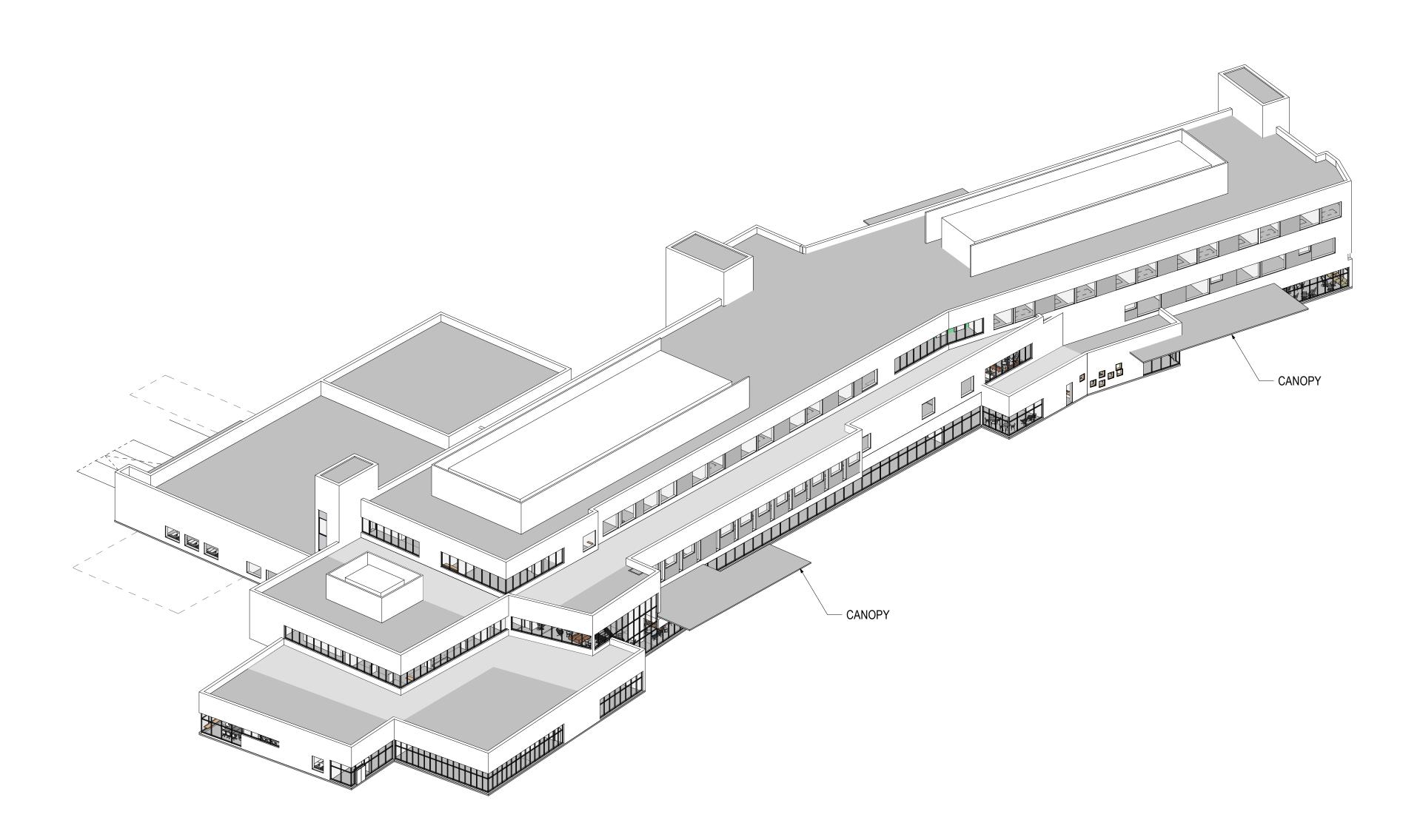
Floor Plans Samaritan Healthcare Medical Campus 2 October 2019





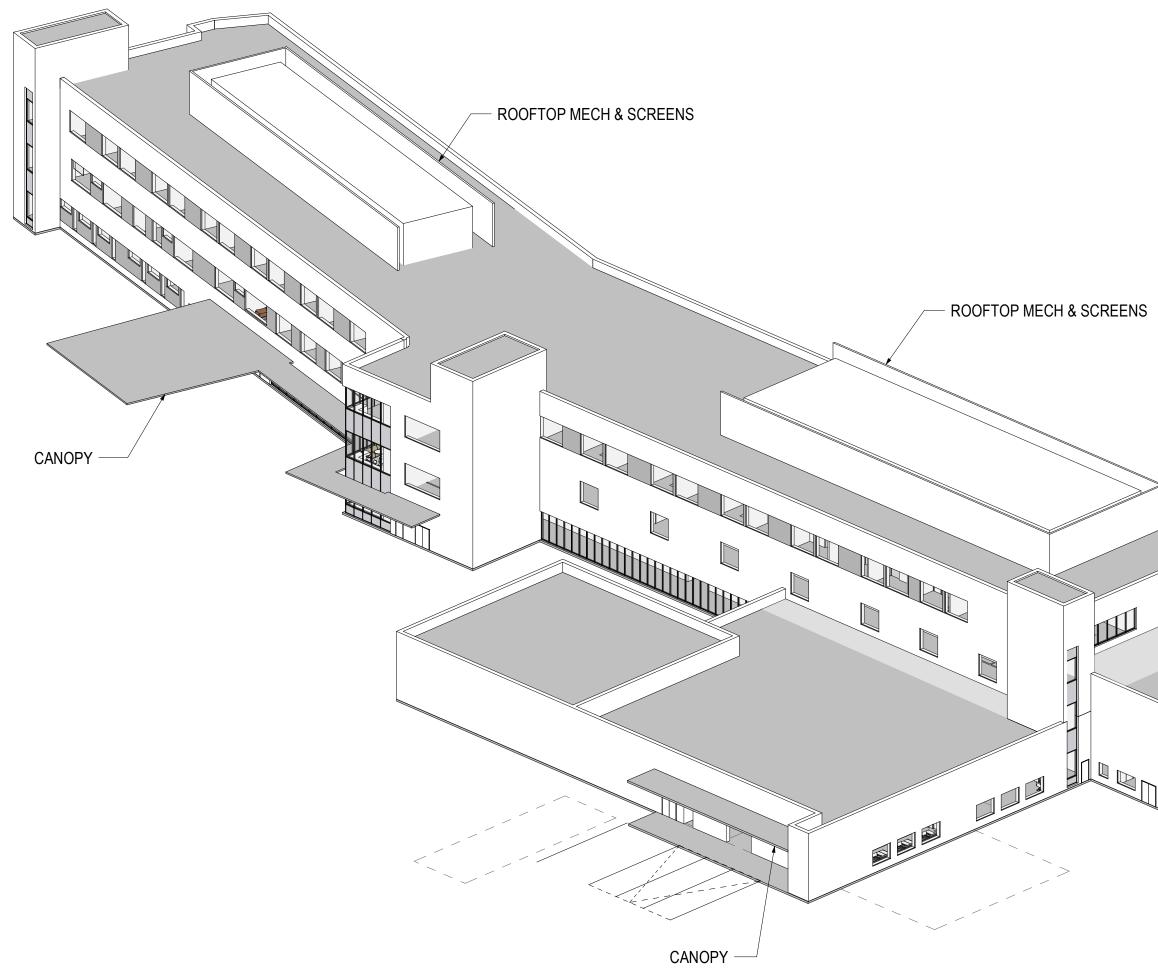
Site Plan Samaritan Healthcare Medical Campus 2 October 2019

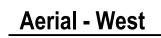




Aerial - South East









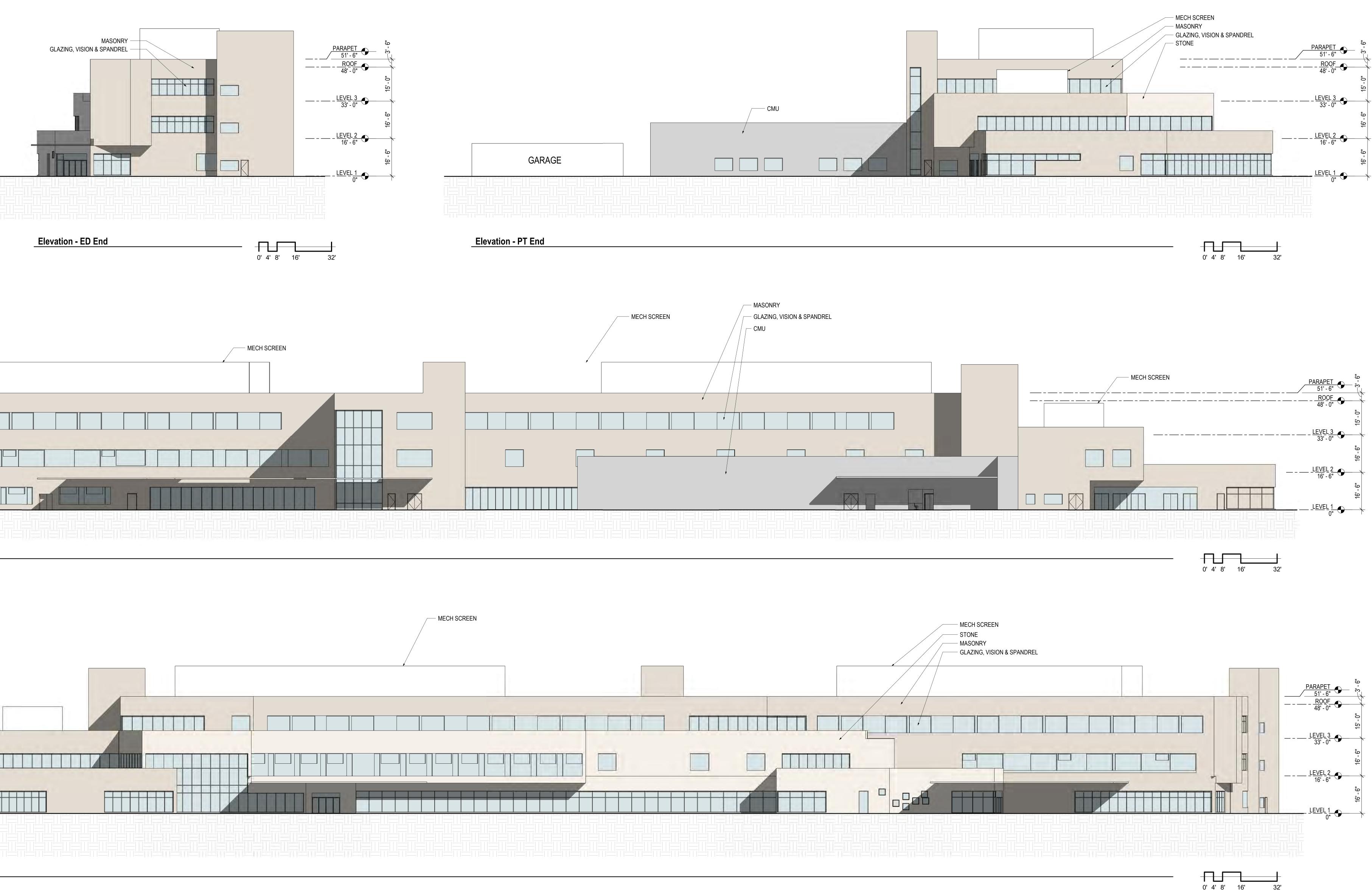
ROOFTOP MECH & SCREENS

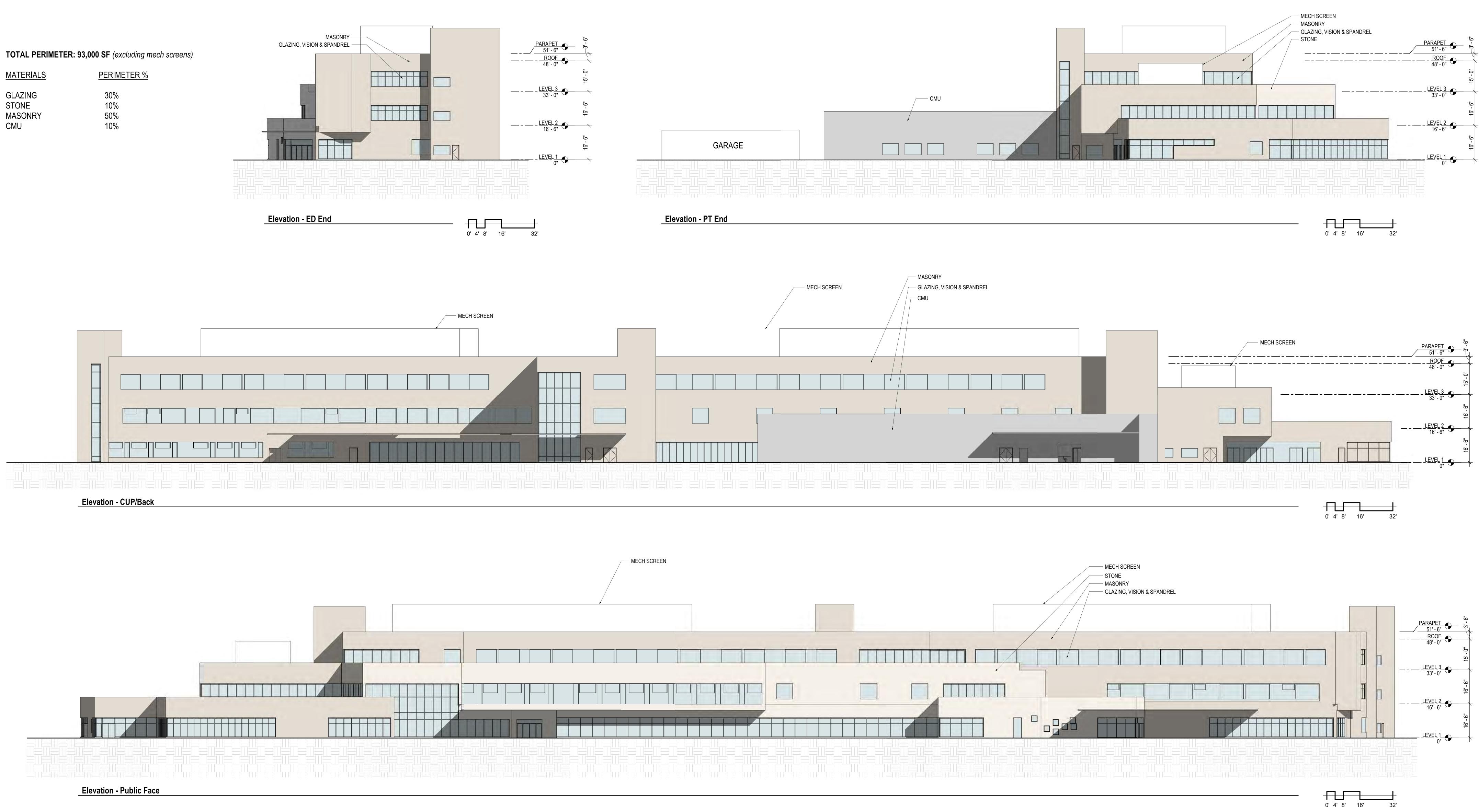




Floor Plans Samaritan Healthcare Medical Campus 2 October 2019

30% 10% 50%







Elevations Samaritan Healthcare Medical Campus ^{2 October 2019}

Exhibit 4 Map of Property

Samaritan Parcels



Exhibit 5 Assessor Information





PAYMENT CART(0)

TAXSIFTER

SIMPLE SEARCH SALES SEARCH REETSIFTER COUNTY HOME PAGE CONTACT DISCLAIMER

Melissa McKnight Grant County Assessor P. O. Box 37 Ephrata, WA 98823

Assessor Treasurer Appraisal MapSifter

Parcel

Parcel#:	110074001	Owner Name:	Public Hospital District No. 1
DOR Code:	53 - Trade - General Merchandise	Address1:	801 E Wheeler Rd
Situs:		Address2:	
Map Number:		City, State:	Moses Lake WA
Status:	EXEMPT FULL YEAR	Zip:	98837
Description:	TX# 8784 IN FU 121 BLK 41 LS TX# 9169 26 19 28 IRRIGATION BLOCK 41, COLUMBIA BASIN PROJECT, A RECORDS OF GRANT COUNTY, WASHINGTON, LYING THE SOUTHEAST QUARTER OF SECTION 26, TOWNS 2: THAT PORTION OF FARM UNIT 121, IRRIGATION THEREOF FILED APRIL 11, 1951, RECORDS OF GRAN	ACCORDING TO T IN THE NORTHE SHIP 19 NORTH, I BLOCK 41, COLUI	THE PLAT THEREOF FILED APRIL 11, 1951, AST QUARTER OF THE SOUTHEAST QUARTER OF RANGE 28 EAST WILLAMETTE MERIDIAN. PARCEL MBIA BASIN PROJECT, ACCORDING TO THE PLAT

THEREOF FILED APRIL 11, 1951, RECORDS OF GRANT COUNTY, WASHINGTON, LYING IN THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 26, TOWNSHIP 19 NORTH, RANGE 28 EAST WILLAMETTE MERIDIAN.

Comment:

2019 Market	Value	2019 Taxable	Value	2019 Assessment Da	ita
Land:	\$1,060,250	Land:	\$1,060,250	District:	0073 - 0073
Improvements:	\$0	Improvements:	\$0	Current Use/DFL:	No
Permanent Crop:	\$0	Permanent Crop:	\$0	Senior/Disability Exemption:	No
Total	\$1,060,250	Total	\$1,060,250	Total Acres:	7.76000

Ownership

Owner's Name	Ownership %
Hospital District #1	0 %
Public Hospital District No. 1	100 %

Sales History

Sale Date	Sales Document	# Parcels	Excise #	Grantor	Grantee	Price
03/06/19	1413167	1	240350	Maiers, Pamp & Barbara	Public Hospital District No. 1	\$0
03/06/19	1406643	1	238486	Maiers, Pamp G & Barbara J	Public Hospital District No. 1	\$1,690,128
08/28/07	1222283	1		(4) The local system is a second of the second state of the sec	Maiers Enterprises	\$0
03/07/97	V: 0 Pg 0	2	199714501	MILLER, ROLLIN C/EILEEN	Maiers, Pamp & Barbara	\$100,000
03/06/97	V: 0 Pg 0	2	199700000	MILLER, ROLLIN C/EILEEN	ADAMS BROTHERS, LLC	\$0
10/01/83	V: 441 Pg 503	1	198309450			\$1
08/22/78	V: 783 Pg 237	2	197807838	Michel Etal, Viola	JONES, THOMAS V/KATHRYN C	\$0

Building Permits

Permit No.	Date	Description	Amount
55	2/14/2008	GRADING BLDG LOT	\$0.00
55 / 8	2/14/2008	GRADING BLDG LOT	\$0.00

Historical Valuation Info

Year	Billed Owner	Land	Impr.	PermCrop Value	Total	Exempt	Taxable
2020	Public Hospital District No. 1	\$1,060,250	\$0	\$0	\$1,060,250	\$1,060,250	\$0
2019	Public Hospital District No. 1	\$1,060,250	\$0	\$0	\$1,060,250	\$0	\$1,060,250
2018	Maiers, Pamp G & Barbara J	\$1,060,250	\$0	\$0	\$1,060,250	\$0	\$1,060,250
2017	Maiers, Pamp G & Barbara J	\$1,014,075	\$0	\$0	\$1,014,075	\$0	\$1,014,075
2016	Maiers, Pamp G & Barbara J	\$1,014,075	\$0	\$0	\$1,014,075	\$0	\$1,014,075

View Taxes

Parcel Comments

No Comments Available

Property Images

No images found.

1.0.7206.25246

Data current as of: 11/22/2019 4:54 PM

TX_RollYear_Search: 2019





PAYMENT CART(0)

TAXSIFTER

SIMPLE SEARCH SALES SEARCH REETSIFTER COUNTY HOME PAGE CONTACT DISCLAIMER

Melissa McKnight Grant County Assessor P. O. Box 37 Ephrata, WA 98823

Assessor Treasurer Appraisal MapSifter

Parcel

Parcel#:	110074000	Owner Name:	Public Hospital District No. 1
DOR Code:	53 - Trade - General Merchandise	Address1:	C/O Alsted Real Estate LLC
Situs:		Address2:	823 W Broadway Ave
Map Number:		City, State:	Moses Lake WA
Status:	EXEMPT FULL YEAR	Zip:	98837
	TX# 14259 IN FU 121 BLK 41 26 19 28 TX# 14259 A	PORTION OF FAI	RM UNIT 121, IRRIGATION BLOC

TX# 14259 IN FU 121 BLK 41 26 19 28 TX# 14259 A PORTION OF FARM UNIT 121, IRRIGATION BLOCK 41, COLUMBIA BASIN PROJECT, GRANT COUNTY, WASHINGTON, ACCORDING THE FARM UNIT PLAT THEREOF FILED APRIL 11, 1954, RECORDS OF GRANT COUNTY, IN SECTION 26, TOWNSHIP 19 NORTH, RANGE 28 EAST,W.M. MORE FULLY DESCRIBED AS FOLLOWS: THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 26, LYING NORTH OF THAT CERTAIN PARCEL OF LAND DESCRIBED IN QUIT CLAIM DEED OF THE CITY OF MOSES LAKE FILED UNDER AUDITOR'S FILE NUMBER 1067183 AND AUDITOR'S FILE NUMBER 1067177, RECORDS OF SAID GRANT COUNTY.

Comment:

2019 Market	et Value 2019 Taxable Valu		lue 2019 Assessment Data			
Land:	\$1,112,960	Land:	\$0	District:	0073 - 0073	
Improvements:	\$0	Improvements:	\$0	Current Use/DFL:	No	
Permanent Crop:	\$0	Permanent Crop:	\$0	Senior/Disability Exemption:	No	
Total	\$1,112,960	Total	\$0	Total Acres:	8.20000	

Ownership

Owner's Name	Ownership %
Hospital District #1	0 %
Public Hospital District No. 1	100 %

Sales History

Sale Date	Sales Document	# Parcels	Excise #	Grantor	Grantee	Price
11/29/18	1402476	1	237469	Rocky Butte Land & Cattle, LLC	Public Hospital District No. 1	\$1,200,000
02/09/06	1358554	2	224935	Michel Land, LLC	Rocky Butte Land & Cattle, LLC	\$0
05/13/05	V: 0 Pg 0	1	200518072	LORENE CAMPBELL, LLC	MICHEL LAND LLC	\$0
05/13/05	V: 0 Pg 0	1	200518072	LORENE CAMPBELL, LLC	MICHEL LAND LLC	\$0
03/22/00	V: 0 Pg 0	4	200015776	Michel, Viola	MICHEL LAND LLC	\$0

Building Permits

No Building Permits Available

Historical Valuation Info

Year	Billed Owner	Land	Impr.	PermCrop Value	Total	Exempt	Taxable
2020	Public Hospital District No. 1	\$1,112,960	\$0	\$0	\$1,112,960	\$1,112,960	\$0
2019	Public Hospital District No. 1	\$1,112,960	\$0	\$0	\$1,112,960	\$1,112,960	\$0
2018	Public Hospital District No. 1	\$1,112,960	\$0	\$0	\$1,112,960	\$0	\$1,112,960

grantwa.taxsifter.com/Assessor.aspx?keyId=1867125&parcelNumber=110074000&typeID=1

2017 Rocky Butte Land & Cattle, LLC	\$1,071,575	\$0	\$0 \$	\$1,071,575	\$0 \$1,071,575
2016 Rocky Butte Land & Cattle, LLC	\$1,071,575	\$0	\$0 \$	\$1,071,575	\$0 \$1,071,575

View Taxes

Parcel Comments

No Comments Available

Property Images

No images found.

1.0.7206.25246

Data current as of: 11/22/2019 4:54 PM

TX_RollYear_Search: 2019





TAXSIFTER

PAYMENT CART(0)

SIMPLE SEARCH SALES SEARCH REETSIFTER COUNTY HOME PAGE CONTACT DISCLAIMER

Melissa McKnight Grant County Assessor P. O. Box 37 Ephrata, WA 98823

Assessor Treasurer Appraisal MapSifter

Parcel

090869025	Owner Name:	Public Hospital District No. 1
53 - Trade - General Merchandise	Address1:	dba Samaritan Healthcare
	Address2:	801 E Wheeler Rd
	City, State:	Moses Lake WA
EXEMPT FULL YEAR	Zip:	98837
LOT 1 BLOCK 1 CAMPBELL NO 2 MAJOR PLAT		
	53 - Trade - General Merchandise EXEMPT FULL YEAR	53 - Trade - General Merchandise Address1: Address2: City, State: EXEMPT FULL YEAR Zip:

Comment:

2019 Market Value		2019 Taxable \	/alue	2019 Assessment Data	
Land:	\$492,445	Land:	\$492,445	District:	0073 - 0073
Improvements:	\$0	Improvements:	\$0	Current Use/DFL:	No
Permanent Crop:	\$0	Permanent Crop:	\$0	Senior/Disability Exemption:	No
Total	\$492,445	Total	\$492,445	Total Acres:	9.14000

Ownership

Owner's Name	Ownership %
Hospital District #1	0 %
Public Hospital District No. 1	100 %

Sales History

Sale Date	Sales Document	# Parcels	Excise #	Grantor	Grantee	Price
04/08/19	1407694	1	238772	Campbell Kirson Farms LLC Etal	Public Hospital District No. 1	\$1,811,528
04/01/13	1316611	2	214313	Campbell Trs, Dean & Monique	Campbell Kirson Farms, LLC Etal	\$0

Building Permits

No Building Permits Available

Historical Valuation Info

Year	Billed Owner	Land	Impr.	PermCrop Value	Total	Exempt	Taxable
2020	Public Hospital District No. 1	\$414,690	\$0	\$0	\$414,690	\$414,690	\$0
2019	Public Hospital District No. 1	\$492,445	\$0	\$0	\$492,445	\$0	\$492,445
2018	Campbell Kirson Farms LLC Etal	\$492,445	\$0	\$0	\$492,445	\$0	\$492,445
2017	Campbell Kirson Farms LLC Etal	\$398,140	\$0	\$0	\$398,140	\$0	\$398,140
2016	Campbell Kirson Farms LLC Etal	\$398,140	\$0	\$0	\$398,140	\$0	\$398,140

View Taxes

Parcel Comments

TerraScan TaxSifter - Grant County Washington No Comments Available

Property Images

No images found.

1.0.7206.25246

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TX_RollYear_Search: 2019



GRANT COUNTY WASHINGTON



PAYMENT CART(0)

TAXSIFTER

SIMPLE SEARCH SALES SEARCH REETSIFTER COUNTY HOME PAGE CONTACT DISCLAIMER

Melissa McKnight Grant County Assessor P. O. Box 37 Ephrata, WA 98823

Assessor Treasurer Appraisal MapSifter

Parcel

Parcel#:	090869030	Owner Name:	Public Hospital District No. 1
DOR Code:	53 - Trade - General Merchandise	Address1:	dba Samaritan Healthcare
Situs:		Address2:	801 E Wheeler Rd
Map Number:		City, State:	Moses Lake WA
Status:	EXEMPT FULL YEAR	Zip:	98837
Description:	Parcel A Campbell No. 2 MP, Lot 2 Blk 1 CBSP		

Comment:

2019 Market Value		2019 Taxable \	/alue	2019 Assessment Data	
Land:	\$512,700	Land:	\$512,700	District:	0073 - 0073
Improvements:	\$0	Improvements:	\$0	Current Use/DFL:	No
Permanent Crop:	\$0	Permanent Crop:	\$0	Senior/Disability Exemption:	No
Total	\$512,700	Total	\$512,700	Total Acres:	9.76000

Ownership

Owner's Name	Ownership %
Hospital District \$1	0 %
Public Hospital District No. 1	100 %

Sales History

Sale Date	Sales Document	# Parcels	Excise #	Grantor	Grantee	Price
04/08/19	1407693	1	238773	Campbell Herman LLC	Public Hospital District No. 1	\$1,232,543
10/25/16	1369828	1	228074	Lorene Campbell LLC	Campbell Herman LLC	\$0

Building Permits

No Building Permits Available

Historical Valuation Info

Year	Billed Owner	Land	Impr.	PermCrop Value	Total	Exempt	Taxable
2020	Public Hospital District No. 1	\$428,195	\$0	\$0	\$428,195	\$428,195	\$0
2019	Public Hospital District No. 1	\$512,700	\$0	\$0	\$512,700	\$0	\$512,700
2018	Campbell Herman LLC	\$512,700	\$0	\$0	\$512,700	\$0	\$512,700
2017	Campbell Herman LLC	\$425,145	\$0	\$0	\$425,145	\$0	\$425,145

View Taxes

Parcel Comments

No Comments Available

Property Images

No images found.

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TX_RollYear_Search: 2019





PAYMENT CART(0)

TAXSIFTER

SIMPLE SEARCH SALES SEARCH REETSIFTER COUNTY HOME PAGE CONTACT DISCLAIMER

Melissa McKnight Grant County Assessor P. O. Box 37 Ephrata, WA 98823

Assessor Treasurer Appraisal MapSifter

Parcel

Parcel#:	090869032	Owner Name:	Public Hospital District No. 1
DOR Code:	53 - Trade - General Merchandise	Address1:	dba Samaritan Healthcare
Situs:		Address2:	801 E Wheeler Rd
Map Number:		City, State:	Moses Lake WA
Status:	EXEMPT FULL YEAR	Zip:	98837
Description:	Parcel C Campbell No. 2 MP, Lot 2 Blk 1 CBSP		

Comment:

2019 Market	Value	2019 Taxabl	e Value	2019 Assessment Data		
Land: \$508,455		Land:	\$508,455	District:	0073 - 0073	
Improvements:	\$0	Improvements:	\$0	Current Use/DFL:	No	
Permanent Crop:	\$0	Permanent Crop:	\$0	Senior/Disability Exemption:	No	
Total	\$508,455	Total	\$508,455	Total Acres:	9.63000	

Ownership

Owner's Name	Ownership %
Hospital District #1	0 %
Public Hospital District No. 1	100 %

Sales History

Sale Date	Sales Document	# Parcels	Excise #	Grantor	Grantee	Price
04/09/19	1407695	1	238770	KKS LLC	Public Hospital District No. 1	\$1,258,448
10/25/16	1369826	1	228072		KKS LLC	\$0

Building Permits

No Building Permits Available

Historical Valuation Info

Year	Billed Owner	Land	Impr.	PermCrop Value	Total	Exempt	Taxable
2020	Public Hospital District No. 1	\$425,365	\$0	\$0	\$425,365	\$425,365	\$0
2019	Public Hospital District No. 1	\$508,455	\$0	\$0	\$508,455	\$0	\$508,455
2018	KKS LLC	\$508,455	\$0	\$0	\$508,455	\$0	\$508,455
2017	KKS LLC	\$419,485	\$0	\$0	\$419,485	\$0	\$419,485

View Taxes

Parcel Comments

No Comments Available

Property Images

No images found.

1.0.7206.25246

Data current as of: 11/22/2019 4:54 PM

TX_RollYear_Search: 2019

Exhibit 6 Samaritan Hospital Policies Current Status: Pending

PolicyStat ID: 5400552



Effective:5/1/1991Approved:N/ALast Revised:9/19/2018Next Review:3 years after approvalOwner:Rae L Baker: Patient Accounts
SpecialistDepartment:PFSDistribution:

Financial Assistance, 8530-401-A

POLICY:

Samaritan Healthcare is committed to the provision of Health Care Services to all persons in need of medical attention regardless of ability to pay. This policy defines financial assistance, as distinguished from bad debts, and establishes policies and procedures to ensure consistent upfront identification and timely recording of such. The Medically indigent patient, those with no or inadequate means of paying for needed care, will be granted financial assistance regardless of race, color, age, sexual orientation, national origin. sex, disability, religion or gender identity. Accordingly, all persons that have the ability to pay for services shall be expected to do so, unless qualified for Financial Assistance.

DEFINITIONS:

Appropriate Hospital-based Services: Hospital services which are reasonable calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap or cause physical deformity or malfunction and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Bad Debt: Un-collectable amounts, excluding contractual adjustments, arising from failure to pay by patients whose care has not been classified as financial aide.

Financial Assistance: Defined as appropriate hospital-based medical services for which Samaritan Healthcare does not expect to be reimbursed due to the patient's inability to pay.

Family: A group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as member of one family. An unmarried person living alone will be considered a family for purposes of this policy.

Income: Total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual and/or family members.

Indigent Persons: Patients who have exhausted any third-party sources, including Medicare and Medicaid and whose income is equal to or below 300% of the federal poverty standards adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payer.

POLICY: COMPLIANCE-KEY ELEMENTS

Financial options will be given to all patients that have a financial obligation. This will include a Financial Assistance packet given on admission or a letter sent to the patient after admission highlighting their options which included information about financial assistance.

The determination of the need for Financial Assistance generally should be made at admission or shortly thereafter, however, events after admission or at time of service could change the ability of the patient to pay. Accordingly, retrospective determination is possible. Designation of needing Financial Assistance will only be considered after all other resources have been exhausted. It is possible that only a portion of the patient's account would meet the definition to be recognized for financial assistance. Patient account transactions for financial assistance must be posted in the month the determination is made.

Appropriate signage will be visible in the facility, specifically in patient intake areas and the business office creating awareness for the Financial Assistance program and the assistance available. All public information and/or forms regarding the provision of financial assistance will use languages that are appropriate for the facility's service area.

ELIGIBILITY CRITERIA:

Financial Assistance is secondary to all other financial resources available to the patient, including group or individual medical plans, workers compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g. auto accidents or personal injuries). Health Savings Accounts or any other situation in which another person or entity may have legal responsibility to pay for the costs of medical services.

Financial Assistance shall be limited to "appropriate medical services" as defined in WAC 246-453-010(7).

Any patient communication that occurs after transfer to a bad debt agency identifying a declared inability to pay due to financial reasons should be referred to the Financial Assistance committee. All standard methods of qualification and validation will be used as outlined above to make this determination. Collection agencies will be notified to suspend collection activity until a Financial Assistance determination has been made.

Financial Assistance determination will be based on the Federal Income Poverty Guidelines as published annually by the Department of Health and Human Services in the Federal Register as well as Samaritan Healthcare's pledge with WSHA.

The patient's gross income beginning at or below 300% of the Federal Poverty level, uncompensated care will be made available to all eligible applicants. Applicants with income above 300% of the Federal Poverty level will be responsible for the entire amount owing with the exception as identified in catastrophic Financial Assistance. Applicants with income at or below 300% of the Federal Poverty level will qualify for Financial Assistance write-off based on their ability to pay with the following sliding fee schedule:

100% of poverty level = 100% 101 – 200% of the poverty level = 50% 201 – 300% of the poverty level = 36%

Catastrophic Financial Assistance: The hospital may write off as Financial Assistance amounts for patients with family income in excess of 300% of the Federal Poverty Standard when circumstances indicate severe

financial hardship or personal loss. Catastrophic illnesses are usually where the medical bills exceed the family's gross annual income, and/or net worth and liquidity.

Prima Facle Write-Offs: The hospital may choose to grant Financial Assistance based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request. This could include patients that qualify for Medicaid and are not covered for the date of service or patients that are homeless.

Exclusions: Services not eligible for Financial Assistance are elective services; such as sterilization procedures, sports physicals, Department of Transportation physicals, elective circumcision or and any other services determined to be "not medically necessary" by the health insurance plan.

ELIGIBILITY DETERMINATION:

Screening Procedure: During the patient registration process, patients without coverage, limited coverage and any patient requesting Financial Assistance may be screened for potential of receiving Financial Assistance application is requested, the hospital will not initiate collection efforts or requests for deposits, provided the responsible party is cooperative with the hospitals efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt pending final eligibility determination. Patients are responsible for completing the required application forms and cooperating fully with the information gathering and assessment process, in order to determine eligibility for Financial Assistance.

The hospital will exercise the following options:

- A. The hospital will use an application process for determining initial interest in and qualification for Financial Assistance. Should the patient choose not to apply for Financial Assistance, they will not be considered for Financial Assistance unless other circumstances of intent become known to the hospital and the patient/Guarantor complies with the application process.
- B. Requests to provide Financial Assistance will be accepted from sources such as physician, community or religious groups, social services, financial services personnel, or the patient. If the hospital becomes aware of factors which might qualify the patient for Financial Assistance under this policy, it will advise the patient or guarantor of this potential and make an initial determination that the account is to be treated as Financial Assistance.

All patient's accounts that are pending final determination will have pending Charity Care financial class assigned. Once the account is approved the appropriate Charity Care financial class will be assigned and the appropriate adjustment code will be used.

- No other coverage Charity Care financial class is the Primary Payer,
- · Any payer coverage Charity Care financial class is the Secondary/Tertiary Payer

Application Process: An effort will be made to secure a signed application, but this may not be possible in all cases. Financial Assistance care may be granted based solely on the initial determination. In such cases, the hospital will not complete full verification or documentation of any request. This would include but not limited to patients who qualify for Medicaid with charges for days or services not covered that are patient responsibility, homeless patients and deceased patients with no estate. In these cases, at the discretion of the Financial Assistance Committee, the patient or family member do not need to complete a confidential financial statement. Instead, Financial Assistance determination may be made by the Samaritan Healthcare staff's completion of the eligibility worksheet.

Patients will be asked to provide verification of ineligibility for Medicaid or Medical Assistance. During the initial request period, the patient shall pursue other sources of funding, including Medicaid if appropriate.

Income Verification: All applications, whether initiated by the patient or the hospital must be accompanied by documentation to verify income amounts stated on the application form. One or more of the following documents may be accepted for verification of income.

- A. Pay stubs for all employment during 3 months prior to the date of the request
- B. An income tax return from the most recently filed calendar year complete with W-2 withholding statements.
- C. Forms approving or denying eligibility for Medicaid and/or state-funded Medical Assistance
- D. Forms approving or denying unemployment compensation or social security benefits
- E. Written statements from employers or welfare agencies
- F. Phone verification form welfare agencies

Income shall be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualization process will be determined by the hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income.

If a determination is made that the patient has the ability to pay the remainder of the bill, such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation. During the verification process, while Samaritan Healthcare is collecting the information necessary to determine a patient's income, the patient should be treated as a pending Financial Assistance in accordance with Samaritan Healthcare policies.

If the applicant being reviewed was approved for Financial Assistance within the last 3 months prior to the current review, he/she is considered qualified for Financial Assistance at the time of the current review. New income information is not required. Patients who have been denied for Financial Assistance may reapply within 3 months of the original application date.

Documentation Unavailable: In cases where the patient is unable to provide documentation verifying income, the following procedures should be followed:

- **Obtain Patient's Written Attestation:** Have the patient sign the Financial Assistance Application attesting to the accuracy of the income information provided.
- Obtain Patient's Verbal Attestation: The staff member who is completing the Financial Assistance application may provide written attestation that the patient verbally verified the income calculation. In all cases, at least two attempts must be made and documented to attempt to obtain the appropriate income verification.
- Expired Patients: Expired patients may be deemed to have no income for purposes of the financial calculation. Although no documentation of income is required for expired patients, an asset verification process should be completed to ensure that a charity care adjustment is appropriate. A copy of the death certificate should be attached to the application and documentation must be recorded on the patient eligibility worksheet that efforts were made to verify estate information through a family member or with the county court house.
- **Balance after Medicaid**: Should the amount being considered for indigent care allowance be a Medicaid Co-Pay amount, a copy of the Spend-down letter must be attached to the Financial Assistance application. No income information is required if a copy of the authorization is attached. If the spend-down letter is not available, a copy of the RA showing patient responsibility must be attached.

Final Determination: All prepared applications will be presented to the Financial Assistance committee on a weekly basis. All accounts over \$10,000 that meet criteria will have final approval by the Chief Financial Officer.

Samaritan Healthcare will provide a final determination within fourteen (14) days of receipt of a completed application and documentation.

Denials will be written and include instructions for appeal or reconsideration as follows:

- The patient/guarantor may appeal the determination of eligibility for Financial Assistance by providing
 additional verification of income, family size or letter explaining circumstances within thirty (30) days of
 receipt of notification of denial. All denied appeals will be reviewed by the Chief Financial Officer. If this
 determination affirms the previous denial of Financial Assistance, written notification will be sent to the
 patient/guarantor and the Department of Health, in accordance with state law. If Samaritan Healthcare
 has initiated collection activities and discovers an appeal has been filed, we shall cease collection efforts
 until the appeal is finalized. Initial Financial Assistance denial can be appealed a maximum of two (2)
 times.
- If the patient or responsible party has paid some, or all, of the bill for medical services and is later found to have been eligible for Financial Assistance at the time services were provided, he/she shall be reimbursed for any amounts in excess of what is determined to be owed. The patient will be reimbursed within thirty (30) days of receiving the Financial Assistance designation.

UNCOOPERATIVE PATIENTS:

Uncooperative patients are defined as unwilling to disclose any financial information as requested for Medicaid and/or Financial Assistance determination during the screening process. In these cases, the account will not be processed for Financial Assistance. The patient will be advised that unless they comply and provide information, no further consideration will be given for Financial Assistance processing and standard A/R follow-up will begin.

NON-COMPLIANT PATIENTS:

Non-compliant patients are defined as not meeting all required documentation for Medicaid screening, but qualify for Financial Assistance. In these cases the appropriate staff member may process the account and it may be considered for Financial Assistance.

INFORMATION FALSIFICATION:

Deliberate falsification of information will result in denial of the Financial Assistance Application. If, after a patient is granted financial assistance, the hospital finds material provision(s) of the Financial Assistance Application to be untrue, Financial Assistance status may be revoked after the Financial Assistance Committee's review and the patient's account may be forwarded to a collection agency.

DOCUMENTATION AND RECORDS:

All information relating to the application will be kept confidential. A complete copy of all documents, which support the application, will be kept with the application form for a minimum of seven (7) years. If the patient is a Medicare patient, and the Financial Assistance application has proven the patient indigent which qualifies for Medicare Bad Debt, a complete copy of the application and supporting documentation will be kept with the Medicare files for a minimum of ten (10) years.

REFERENCES:

WAC 246-453, WSHA Hospital Pledge

All revision dates:

Attachments:

Approval Signatures

Approver	Date
Alexander Town: CFO	pending
Lisa Dodson: Director of Revenue Cycle	9/19/2018
Rae L Baker: Patient Accounts Specialist	9/19/2018

Applicability

Samaritan Healthcare

9/19/2018, 6/10/2018, 10/20/2015, 9/9/2015, 9/3/ 2015, 3/2/2012, 6/1/2009

No Attachments



PolicyStat ID: 3139412



ve:	4/1/2014
/ed:	1/5/2017
evised:	4/1/2014
eview:	1/5/2020
:	Racheal Davis: Supervisor
ment:	Admitting

Hospital Admissions Policy, 8610-H-5

PURPOSE:

To ensure that all patients admitted to the hospital are treated in a nondiscriminatory manner, respectful of patient rights, and consistent with applicable State and Federal Law.

POLICY:

Samaritan Healthcare does not discriminate with regard to patient admissions, room assignment, patient services, or employment on the basis of race, color, national origin, gender, religion, disability, sexual orientation or age. If assistance or communication aids for impaired hearing, vision, speech, or manual skills are needed, Samaritan Healthcare will make reasonable accommodations.

Patients are admitted to Samaritan Healthcare by order of a Medical Staff/Allied Health Professional member who has specifically been granted admitting privileges as per Medical Staff Bylaws.

All individuals have access to emergency care twenty-four hours a day.

All patients:

- Are properly identified through verification of identification;
- Have an identification band placed on them;
- Have their valuables processed and secured according to policy;
- Have an appropriate medical record initiated;
- · Receive and sign a Conditions of Admission form;
- Receives "An Important Message from Medicare" form, if appropriate (i.e., every patient who has Medicare or a Managed Medicare as any insurance, primary, secondary, or tertiary, regardless of age);
- Are assessed to determine whether interpreter services are requested or required;
- Are asked if they have an Advance Directive and are offered information about formulating an Advance Directive if they do not have one. Note: there is NO requirement for a patient to have an advance directive;
- · Receive notification of their patient rights;
- Receive information about HIPAA upon initial visit to the facility; and
- Have an admission assessment per the appropriate department Standard of Care.

Reference:

WAC 246-320-141

revision dates:		4/1/2014
ttachments:		No Attachment
Approval Signatures		
Approver	Date	
Paul Ishizuka: CFO	1/5/2017	
Lisa Dodson: Director of Revenue Cycle	1/4/2017	
Racheal Davis: Supervisor	1/3/2017	



PolicyStat ID: 3502679



Effective:		3/2/2009	
Approved:		5/10/2017	
Last Revised:		3/2/2009	
Next Review:		5/9/2020	
Owner: Becky Demers: Chief Nursing			
	Officer		
Department:	Administration		
Distribution:			

Hospital Non-Participation in Death With Dignity Act [Initiative 1000], 8610-D-3

POLICY:

- 1. Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under the Death with Dignity Act ("Act"). Under Washington law, a health care provider, including Samaritan Healthcare, is not required to assist a qualified patient in ending that patient's life.
- 2. Samaritan Healthcare has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, Samaritan Healthcare physicians, medical staff, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life under the Act. In addition, no provider may participate on the premises of the hospital or in property owned by the hospital.
- 3. No patient will be denied other medical care or treatment because of the patient's participation under the Act. The patient will be treated in the same manner as all other Samaritan Healthcare patients. The appropriate standard of care will be followed.
- 4. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in transfer to another facility of the patient's choice. The transfer will assure continuity of care.
- 5. All providers at Samaritan Healthcare are expected to respond to any patient's query about life-ending medication with openness and compassion. Samaritan Healthcare believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, Samaritan Healthcare's goal is to help patients make informed decisions about end-of-life care.

PROCEDURE:

- 1. All patients will be provided with educational materials about end-of-life options. These materials will include a statement that Samaritan Healthcare does not participate in the Act.
- 2. If, as a result of learning of Samaritan Healthcare's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, Samaritan Healthcare staff will assist in making arrangements for the transfer. If the patient wishes to remain at Samaritan Healthcare, staff will discuss what end of life care will be provided consistent with hospital policy.

- 3. If a patient requests a referral to a physician who will fully participate under the Act or expresses the desire to take medication that will result in the patient's death, the provider may choose to provide the patient with a referral, or may instruct the patient that he or she must find a participating provider on his or her own. The relevant medical records will be transferred to the physician taking over the patient's care. The patient's primary clinical care giver (nurse or social worker) will be responsible for:
 - a. Informing the patient's attending physician as soon as possible, but no longer than one working day, that the patient wishes to take life-ending medications.
 - b. Ensuring that the medical record is complete and all required documentation is included. A copy of the Resuscitation Status (DNR) order, copies of advance directives, and POLST form are to be included.
 - c. Communicating with other clinicians involved with the patient to ensure continuity of care.
 - d. Documenting all communication in the patient's medical record.
- 4. Nothing in this policy prevents a physician or provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.
- 5. Nothing in this policy prevents a physician or provider from providing information about the "Washington State Death with Dignity Act" to a patient when the patient requests information.
- 6. Nothing in this policy prohibits a physician who is employed by or who is an independent contractor of Samaritan Healthcare from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of Samaritan Healthcare.

SANCTIONS

If a provider participates in the Act beyond what is allowed in the policy, Samaritan Healthcare may impose sanctions on that provider. Samaritan Healthcare shall follow due process procedures provided for in the medical staff bylaws. Sanctions may include, but are not limited to:

- Loss of medical staff privileges;
- Loss of membership;
- Restriction from provider panel;
- Termination of contracts.

PUBLIC NOTICE

Samaritan Healthcare will provide public notice of this policy in one or more of the following ways: posting the policy or information about the hospital's stance on the Death with Dignity Act on the hospital's web page; informing local media; including information in the hospital's community newsletters; including information in hospital materials regarding advance directives; and including information in patient's rights handbooks.

RESOURCES

Any patient, employee, independent contractor, volunteer or physician may contact Samaritan Administration, Social Services, or Patient Advocate for assistance.

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act Washington State Department of Health Regulations Chapter 246-978 WAC (Currently at CR-102 stage)

Reference Materials:

The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals
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All revision dates:	3/2/2009
Attachments:	No Attachments

Approval Signatures

Approver	Date
Theresa Sullivan: CEO	5/10/2017
Sierra Becken: Executive Assistant	4/13/2017
Becky DeMers: Chief Nursing Officer	4/12/2017



Current Status: Active



PolicyStat ID: 3150888



Effective:	1/31/2013
Approved:	1/8/2017
Last Revised:	1/8/2017
Next Review:	1/8/2020
Owner:	Lisa Dodson: Director of Revenue
	Cycle
Department:	Compliance
Distribution:	

Non-Discrimination, 8610-N-1

POLICY:

As a recipient of Federal financial assistance, Samaritan Healthcare does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sexual orientation, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Samaritan Healthcare directly or through a contractor or any other entity with which Samaritan Healthcare arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, the following persons should be contacted:

1/8/2017, 1/31/2013

No Attachments

Patient Services Representative 509-793-9609

Or

Chief Quality Officer 509-793-5606

All revision dates:

Attachments:

Approval Signatures

Approver	Date		
Paul Ishizuka: CFO	1/8/2017		
Lisa Dodson: Director of Revenue Cycle	1/6/2017		

Current Status: Active

PolicyStat ID: 3127813



- Effective: Approved: Next Review: Department: Distribution:
- 4/1/2014 1/15/2017 4/1/2014 1/15/2018 Melissa Farris: Director Compliance

Reproductive Health, 8610-R-8

POLICY:

Samaritan Healthcare complies with the Reproductive Privacy Act, a state law that requires a public hospital district that elects to provide maternity care benefits, services or information through a program administered or funded by the public hospital district, to also provide substantially equivalent pregnancy termination benefits, services or information.

Samaritan Healthcare also complies with its responsibilities under the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §1395dd

Samaritan Healthcare also complies with RCW 70.41.350, Emergency Care Provided to Victims of Sexual Assault.

The Reproductive Privacy Act contains a "conscience clause" acknowledging that no person may be required in any circumstance to participate in the performance of a pregnancy termination or certain other services. Samaritan Healthcare respects each individual's right to refuse to participate in aspects of care that violates his or her beliefs. Samaritan Healthcare therefore coordinates care so that services are provided with appropriate staff.

Reference:

WAC 246-320-141

4/1/2014

No Attachments

Attachments:

Approval Signatures

Approver	Date
Becky DeMers: Chief Nursing Officer	1/15/2017
Chelsea Garcia: Executive Secretary	1/9/2017
Melissa Farris: Director	1/5/2017

Exhibit 7 Amortization Schedule LTGO Public Tax Detail Amortization Schedule

						Total	
Year		Principal		Interest		Payment	
2020	\$	-	\$	314,119	\$	314,119	
2021		235,000		750,369		985,369	
2022		245,000		741,550		986,550	
2023		255,000		731,450		986,450	
2024		265,000		720,606		985,606	
2025		275,000		707,944		982,944	
2026		290,000		693,631		983,631	
2027		305,000		678,569		983,569	
2028		320,000		662,756		982,756	
2029		335,000		646,163		981,163	
2030		355,000		628,694		983,694	
2031		370,000		610,350		980,350	
2032		390,000		591,100		981,100	
2033		410,000		570,850		980,850	
2034		430,000		549,569		979,569	
2035		455,000		527,131		982,131	
2036		480,000		503,444		983,444	
2037		505,000		478,506		983,506	
2038		530,000		452,319		982,319	
2039		555,000		424,850		979,850	
2040		585,000		395,975		980,975	
2041		615,000		366,406		981,406	
2042		645,000		338,625		983,625	
2043		670,000		312,075		982,075	
2044		695,000		284,500		979,500	
2045		725,000		255,800		980,800	
2046		755,000		224,888		979,888	
2047		790,000		188,625		978,625	
2048		830,000		147,625		977,625	
2049		870,000		104,594		974,594	
2050		915,000		59,375		974,375	
2051		965,000		18,092		983,092	
Totals	\$	16,065,000	\$	14,680,550	\$	30,745,550	
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RANs/USDA Direct Loan Amortization Schedule

						Total
Year		Principal		Interest		Payment
2020	\$	-	\$	747,708	\$	747,708
2021		-		1,944,042		1,944,042
2022		-		2,516,636		2,516,636
2023		1,595,000		2,877,037		4,472,037
2024		1,655,000		2,828,589		4,483,589
2025		1,685,000		2,774,613		4,459,613
2026		1,745,000		2,724,932		4,469,932
2027		1,795,000		2,672,615		4,467,615
2028		1,860,000		2,618,084		4,478,084
2029		1,900,000		2,558,122		4,458,122
2030		1,965,000		2,501,600		4,466,600
2031		2,025,000		2,441,936		4,466,936
2032		2,095,000		2,380,416		4,475,416
2033		2,140,000		2,313,637		4,453,637
2034		2,215,000		2,249,468		4,464,468
2035		2,280,000		2,181,587		4,461,587
2036		2,360,000		2,112,286		4,472,286
2037		2,415,000		2,037,786		4,452,786
2038		2,495,000		1,965,348		4,460,348
2039		2,570,000		1,889,338		4,459,338
2040		2,655,000		1,810,615		4,465,615
2041		2,725,000		1,727,495		4,452,495
2042		2,810,000		1,645,303		4,455,303
2043		2,900,000		1,559,242		4,459,242
2044		2,990,000		1,470,922		4,460,922
2045		3,070,000		1,377,444		4,447,444
2046		3,170,000		1,284,552		4,454,552
2047		3,265,000		1,187,361		4,452,361
2048		3,365,000		1,087,521		4,452,521
2049		3,460,000		983,529		4,443,529
2050		3,570,000		877,975		4,447,975
2051		3,680,000		768,576		4,448,576
2052		3,795,000		655,875		4,450,875
2053		3,900,000		538,779		4,438,779
2054		4,025,000		419,611		4,444,611
2055		4,150,000		296,340		4,446,340
2056		4,275,000		169,360		4,444,360
2057		4,400,000		53,740		4,453,740
Tatala	ć	07 000 000	ć	64 250 020	ć	161 250 020
otals	\$	97,000,000	\$	64,250,020	Ş	161,250,020

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USDA Guaranteed Loan Amortization Schedule

				Total
Year	Principal	Interest	Payment	
2020	\$ -	\$ 1,030,143	\$	1,030,143
2021	1,350,919	1,338,233		2,689,152
2022	1,414,998	1,274,064		2,689,062
2023	1,479,440	1,209,704		2,689,144
2024	1,543,554	1,143,228		2,686,782
2025	1,617,115	1,069,645		2,686,760
2026	1,690,763	995,159		2,685,922
2027	1,767,764	917,887		2,685,651
2028	1,845,847	837,703		2,683,550
2029	1,932,337	750,834		2,683,171
2030	2,020,341	661,829		2,682,170
2031	2,112,352	569,125		2,681,477
2032	2,207,130	472,556		2,679,686
2033	2,309,072	369,810		2,678,882
2034	2,414,233	263,451		2,677,684
2035	2,524,184	139,522		2,663,706
2036	2,690,048	11,343		2,701,391
Totals	\$ 30,920,097	\$ 13,054,236	\$	43,974,333
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	-	_		_

Exhibit 8 Financial Statements Hospital With

Samaritan Healthcare Forecasted Statements of Net Position Including New Hospital Construction Project

	ASSETS	5			
			After Construc	tion Completion	
	Historical	1/2 Year	Year 1	Year 2	Year 3
	2018	2022	2023	2024	2025
CURRENT ASSETS					
Cash and cash equivalents	\$ 17,354,897	\$ 23,265,878	\$ 24,209,543	\$ 24,868,421	\$ 25,699,805
Patient accounts receivable, net	11,958,080	15,191,368	15,799,023	16,228,532	16,761,183
Inventories	1,695,404	1,989,969	2,047,862	2,086,845	2,138,253
Prepaid expenses and other	1,413,872	1,627,140	1,662,900	1,685,840	1,718,587
Total current assets	32,422,253	42,074,355	43,719,328	44,869,637	46,317,828
ASSETS LIMITED AS TO USE					
Under trust indenture for bond redemption and interest	1,279,825	1,638,954	2,254,604	2,870,253	3,485,903
By board for capital improvements and other reserves	32,682,588	30,964,383	32,111,058	34,639,979	36,941,037
By donors for endowment	860,000	860,000	860,000	860,000	860,000
Total assets limited as to use	34,822,413	33,463,337	35,225,661	38,370,232	41,286,940
CAPITAL ASSETS					
Land improvements	555,844	555,844	555,844	555,844	555,844
Buildings	51,489,924	175,617,125	175,617,125	175,617,125	175,617,125
Building service and fixed equipment	4,008,250	15,219,845	15,219,845	15,219,845	15,219,845
Major movable equipment	31,676,818	54,266,811	54,266,811	54,266,811	54,266,811
	87,730,836	245,659,625	245,659,625	245,659,625	245,659,625
Less accumulated depreciation and amortization	59,695,617	81,852,415	93,046,327	104,046,645	114,853,369
	28,035,219	163,807,210	152,613,298	141,612,980	130,806,256
Land	932,777	11,044,147	11,044,147	11,044,147	11,044,147
Construction in progress	2,800,951	2,800,951	2,800,951	2,800,951	2,800,951
Total capital assets	31,768,947	177,652,308	166,458,396	155,458,078	144,651,354
TOTAL ASSETS	\$ 99,013,613	\$ 253,189,999	\$ 245,403,385	\$ 238,697,947	\$ 232,256,122

Samaritan Healthcare Forecasted Statements of Net Position Including New Hospital Construction Project

	LIABILITIES AND	NET F	POSITION							
		After Construction Completion								
	Historical		1/2 Year		Year 1		Year 2		Year 3	
	2018		2022		2023		2024		2025	
CURRENT LIABILITIES										
Current maturities of long term debt, existing	\$ 2,110,568	3 \$	4,467,816	\$	3,565,918	\$	3,577,115	\$	3,725,763	
Accounts payable	2,506,243	3	2,884,284		2,947,673		2,988,336		3,046,384	
Accrued salaries and payroll deductions	2,918,173	3	4,001,965		4,197,628		4,357,089		4,547,738	
Accrued interest	3,792	<u>)</u>	443,629		428,909		417,335		405,384	
Current maturities - accrued compensated balances	1,512,467	1	2,074,188		2,175,599		2,258,246		2,357,058	
Amounts payable to third-party reimb program and other	7,118,596	<u>; </u>	7,118,596		7,118,596		7,118,596		7,118,596	
Total current liabilities	16,169,839	<u>}</u>	20,990,479		20,434,323		20,716,717		21,200,924	
NONCURRENT LIABILITIES:										
Long-term debt - Less current liabilities	4,286,793	3	140,045,321		136,386,441		132,716,364		128,897,639	
Accrued compensated balances - Less current portion	504,156		691,397		725,200		752,749		785,687	
Other accrued liabilities - Estimated malpractice costs	576,000		576,000		576,000		576,000		576,000	
Total noncurrent liabilities	5,366,949	<u>}</u>	141,312,717		137,687,641		134,045,113		130,259,325	
Total liabilities	21,536,788	3	162,303,196		158,121,964		154,761,830		151,460,249	
NET POSITION										
Net investment in capital assets	25,371,586	5	33,139,171		26,506,037		19,164,599		12,027,952	
Restricted funds	1,969,668		2,498,954		3,114,604		3,730,253		4,345,903	
Unrestricted	50,135,571		55,248,678		57,660,780		61,041,265		64,422,018	
Total net position	77,476,825	5	90,886,803		87,281,421		83,936,118		80,795,873	
TOTAL LIABILITIES AND NET POSITION	\$ 99,013,613	3 \$	253,189,999	\$	245,403,385	\$	238,697,947	\$	232,256,122	

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Samaritan Healthcare Forecasted Statements of Revenue, Expenses and Changes in Net Position Including New Hospital Construction Project

				4	After Construc	tion Completion		
	Historical		1/2 Year		Year 1	Year 2		Year 3
	2018		2022		2023	2024		2025
OPERATING REVENUES								
Net patient service revenue before Charity/B Debts	\$ 92,913,061	\$	58,621,920	\$	121,933,594	\$ 125,591,602	2\$	129,359,350
Charity care	3,319,907		1,820,150		3,785,911	3,899,488	3	4,016,473
Provision for bad debts	3,217,158		1,936,376		4,027,663	4,148,492	2	4,272,947
Net patient service revenue	86,375,996		54,865,394		114,120,020	117,543,621	L	121,069,929
Other	2,958,599		1,479,300		2,958,599	2,958,599		2,958,599
Total operating revenues	89,334,595		56,344,694		117,078,619	120,502,220)	124,028,528
OPERATING EXPENSES	10 520 626		27,791,053		EQ 200 611	60 690 10		62 162 104
Salaries and wages Purchased services	40,529,636				58,299,611	60,680,104		63,162,184
Supplies	7,865,339 12,160,484		4,461,917 7,136,642		9,054,326 14,688,528	9,154,072 15,009,149		9,255,263 15,336,867
	, ,							, ,
Employee benefits Professional fees	10,159,717		6,966,488		14,614,184	15,210,911		15,833,103
	5,578,918		3,260,298		6,698,472	6,835,597		6,975,592
Depreciation and amortization Other	4,601,627		4,769,430		11,193,912	11,000,318		10,806,724 3,063,340
Rents and leases	2,742,973 933,257		1,516,667 466,629		3,044,949 933,257	3,054,009 933,257		3,063,340 933,257
Insurance	480,857		283,395		933,257 584,309	933,257 597,857		933,237 611,721
Insulance	480,857	_	283,395		584,309	597,657		011,721
Total operating expenses	85,052,808		56,652,519		119,111,548	122,475,273	3	125,978,053
DPERATING GAIN/(LOSS)	4,281,787		(307,825)		(2,032,929)	(1,973,054	L)	(1,949,524)
NONOPERATING REVENUES (EXPENSES)								
Discharge of OPEB liabilities	6,783,309		-		-	-		-
Property taxes	2,324,059		1,162,030		2,324,059	2,324,059)	2,324,059
Noncapital contributions	286,685		143,343		286,685	286,685	5	286,685
Investment income	389,689		369,027		558,692	585,752	2	623,787
Interest and amortization	(334,497)		(2,267,325)		(4,775,879)	(4,602,735	5)	(4,459,240)
Gain (loss) on disposal of property	(110,787)		-		-	-		-
Other	33,989		16,995		33,989	33,989)	33,989
Total nonoperating revenues (expenses), net	9,372,447		(575,931)		(1,572,454)	(1,372,250))	(1,190,720)
EXCESS OF REVENUES OVER EXPENSES	13,654,234		(883,757)		(3,605,382)	(3,345,303	8)	(3,140,244)
NET POSITION, beginning of year	63,822,591		91,770,560		90,886,803	87,281,421	L	83,936,118
NET POSITION, end of year	\$77,476,825	\$	90,886,803	\$	87,281,421	\$ 83,936,118	3\$	80,795,873

Hospital Without

Samaritan Healthcare Forecasted Statements of Net Position Excluding New Hospital Construction Project

	ASSET	S			
	Historical	1/2 Year	Year 1	Year 2	Year 3
	2018	2022	2023	2024	2025
CURRENT ASSETS					
Cash and cash equivalents	\$ 17,354,897	\$ 22,238,782	\$ 22,804,902	\$ 23,325,438	\$ 24,003,192
Patient accounts receivable, net	11,958,080	14,847,733	15,144,535	15,447,303	15,756,626
Inventories	1,695,404	1,959,902	1,988,377	2,011,762	2,046,645
Prepaid expenses and other	1,413,872	1,608,037	1,625,633	1,638,981	1,661,584
Total current assets	32,422,253	40,654,455	41,563,447	42,423,485	43,468,047
ASSETS LIMITED AS TO USE					
Under trust indenture for bond redemption and interest	1,279,825	1,279,825	1,279,825	1,279,825	1,279,825
By board for capital improvements and other reserves	32,682,588	48,082,004	55,843,555	64,224,145	72,052,955
By donors for endowment	860,000	860,000	860,000	860,000	860,000
Total assets limited as to use	34,822,413	50,221,829	57,983,380	66,363,970	74,192,780
CAPITAL ASSETS					
Land improvements	555,844	555,844	555,844	555,844	555,844
Buildings	51,489,924	58,284,448	58,284,448	58,284,448	58,284,448
Building service and fixed equipment	4,008,250	4,008,250	4,008,250	4,008,250	4,008,250
Major movable equipment	31,676,818	39,633,923	39,633,923	39,633,923	39,633,923
	87,730,836	102,482,465	102,482,465	102,482,465	102,482,465
Less accumulated depreciation and amortization	59,695,617	76,306,475	80,105,801	83,711,533	87,123,671
	28,035,219	26,175,990	22,376,664	18,770,932	15,358,794
Land	932,777	932,777	932,777	932,777	932,777
Construction in progress	2,800,951	2,800,951	2,800,951	2,800,951	2,800,951
Total capital assets	31,768,947	29,909,718	26,110,392	22,504,660	19,092,522
TOTAL ASSETS	\$ 99,013,613	\$ 120,786,002	\$ 125,657,218	\$ 131,292,115	\$ 136,753,349

Samaritan Healthcare Forecasted Statements of Net Position Excluding New Hospital Construction Project

	LIABILITIES AND NI	ET POSITION			
	Historical	1/2 Year	Year 1	Year 2	Year 3
	2018	2022	2023	2024	2025
CURRENT LIABILITIES					
Current maturities of long term debt, existing	\$ 2,110,568	\$ 1,138,376	\$ 102,364	\$-	\$-
Accounts payable	2,506,243	2,850,422	2,881,612	2,905,274	2,945,340
Accrued salaries and payroll deductions	2,918,173	4,005,440	4,138,401	4,264,448	4,418,871
Accrued interest	3,792	4,558	624	273	-
Current maturities - accrued compensated balances	1,512,467	2,075,989	2,144,902	2,210,231	2,290,267
Amounts payable to third-party reimb program and other	7,118,596	7,118,596	7,118,596	7,118,596	7,118,596
Total current liabilities	16,169,839	17,193,381	16,386,499	16,498,822	16,773,074
NONCURRENT LIABILITIES:					
Long-term debt - Less current liabilities	4,286,793	102,364	-	-	-
Accrued compensated balances - Less current portion	504,156	691,997	714,968	736,744	763,423
Other accrued liabilities - Estimated malpractice costs	576,000	576,000	576,000	576,000	576,000
Total noncurrent liabilities	5,366,949	1,370,361	1,290,968	1,312,744	1,339,423
Total liabilities	21,536,788	18,563,742	17,677,467	17,811,566	18,112,497
NET POSITION					
Net investment in capital assets	25,371,586	28,668,978	26,008,028	22,504,660	19,092,522
Restricted funds	1,969,668	2,139,825	2,139,825	2,139,825	2,139,825
Unrestricted	50,135,571	71,413,457	79,831,898	88,836,064	97,408,505
Total net position	77,476,825	102,222,260	107,979,751	113,480,549	118,640,852
TOTAL LIABILITIES AND NET POSITION	\$ 99,013,613	\$ 120,786,002	\$ 125,657,218	\$ 131.292.115	\$ 136,753,349

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Samaritan Healthcare Forecasted Statements of Revenues, Expenses and Change in Net Position Excluding New Hospital Construction Project

	Historical	1/2 Year	Year 1	Year 2		Year 3
	2018	2022	2023	2024		2025
OPERATING REVENUES						
Net patient service revenue before Charity/B Debts	\$ 92,913,061	\$ 57,307,872	\$ 116,906,871	\$ 119,244,0)57	\$ 121,631,870
Charity care	3,319,907	1,786,015	3,643,427	3,716,2	262	3,790,692
Provision for bad debts	3,217,158	 1,897,541	3,870,942	3,948,3	328	4,027,396
Net patient service revenue	86,375,996	53,624,316	109,392,501	111,579,4	167	113,813,781
Other	2,958,599	 1,479,300	2,958,599	2,958,5		2,958,599
Total operating revenues	89,334,595	 55,103,616	112,351,100	114,538,0)66	116,772,380
OPERATING EXPENSES						
Salaries and wages	40,529,636	27,815,179	57,477,022	59,389,9	910	61,372,377
Purchased services	7,865,339	4,424,591	8,913,561	8,978,5		9,044,269
Supplies	12,160,484	7,028,815	14,261,865	14,469,1	.33	14,679,801
Employee benefits	10,159,717	6,972,536	14,407,982	14,887,4	193	15,384,446
Professional fees	5,578,918	3,213,756	6,515,056	6,603,8	327	6,693,981
Depreciation and amortization	4,601,627	1,996,460	3,799,326	3,605,7	/32	3,412,138
Other	2,742,973	1,511,824	3,029,261	3,034,9	87	3,040,827
Rents and leases	933,257	466,629	933,257	933,2	257	933,257
Insurance	480,857	 278,878	566,366	575,2	12	584,008
Total operating expenses	85,052,808	 53,708,668	109,903,698	112,478,0	010	115,145,104
OPERATING GAIN/(LOSS)	4,281,787	1,394,948	2,447,402	2,060,0)56	1,627,276
NONOPERATING REVENUES (EXPENSES)						
Discharge of OPEB liabilities	6,783,309	-	-		-	-
Property taxes	2,324,059	1,162,030	2,324,059	2,324,0)59	2,324,059
Noncapital contributions	286,685	143,343	286,685	286,6	85	286,685
Investment income	389,689	314,033	716,006	799,2	283	888,294
Interest and amortization	(334,497)	(47,681)	(50,650)	(3,2	274)	-
Gain (loss) on disposal of property	(110,787)	-	-		-	-
Other	33,989	 16,995	33,989	33,9	989	33,989
Total nonoperating revenues (expenses), net	9,372,447	 1,588,719	3,310,089	3,440,7	742	3,533,027
EXCESS OF REVENUES OVER EXPENSES	13,654,234	2,983,667	5,757,491	5,500,7	798	5,160,303
NET POSITION, beginning of year	63,822,591	 99,238,593	102,222,260	107,979,7	751	113,480,549
NET POSITION, end of year	\$ 77,476,825	\$ 102,222,260	\$ 107,979,751	\$ 113,480,5	549	\$ 118,640,852

Appendix 1 Audited Financials

Moses Lake, Washington

Financial Statements and Supplementary Information

Years Ended December 31, 2018 and 2017



Years Ended December 31, 2018 and 2017

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WIPFLi.

Independent Auditor's Report

Board of Commissioners Grant County Public Hospital District No. 1 DBA Samaritan Healthcare Moses Lake, Washington

Report on the Financial Statements

We have audited the accompanying financial statements of Grant County Public Hospital District No. 1 DBA Samaritan Healthcare (the "District"), which comprise the statements of net position as of December 31, 2018 and 2017, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Grant County Public Hospital District No. 1 DBA Samaritan Healthcare, as of December 31, 2018 and 2017, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

Emphasis of a Matter

As described in Note 1 to the financial statements, in 2017, the District adopted new accounting guidance, Governmental Accounting Standards Board (GASB) Statement No. 75, *Accounting and Financial Reporting for Post-Employment Benefits Other Than Pensions*. Our opinion is not modified with respect to this matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States require that the management's discussion and analysis on pages 3 through 9 and the schedule of changes in total other post-employment benefits and related ratios on page 48 (the RSI) be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the GASB, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the RSI in accordance with auditing standards generally accepted in the United States, which consisted of inquiries of management about the methods of preparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated July 22, 2019, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal controls over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Wigger LLP

Wipfli LLP

July 22, 2019 Spokane, Washington

Management's Discussion and Analysis Years Ended December 31, 2018 and 2017

Our discussion and analysis of the financial performance of Grant County Public Hospital District No. 1 DBA Samaritan Healthcare (the "District") provides an overview of the District's financial activities for the fiscal years ended December 31, 2018, 2017, and 2016. Please read it in conjunction with the District's financial statements, which begin on page 10.

Financial Highlights

- The District's net position increased by \$13,494,235 in the past year from \$63,822,591 at December 31, 2017, to \$77,316,826 at December 31, 2018. In the prior year, the District's net position increased by \$3,742,680 from \$60,079,911 at December 31, 2016, to \$63,822,591 at December 31, 2017.
- Gross patient revenue increased by 11.2% from \$216,378,956 in fiscal year 2017 to \$240,639,713 in fiscal year 2018. Revenue deductions increased by 10.4% in the past year from \$139,699,025 to \$154,263,717. Operating expenses increased by 8.2% in the past year from \$78,088,413 to \$85,052,807 in fiscal year 2018.

Using This Annual Report

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

The Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position

Our analysis of the District's finances begins on page 4. One of the most important questions asked about the District's finances is, "Is the District as a whole better or worse off as a result of the year's activities?" The statements of net position and statements of revenues, expenses, and changes in net position report information about the District's resources and its activities in a way that helps answer this question. These statements include all assets and liabilities using the accrual basis of accounting. All of the current year's revenue and expenses are taken into account regardless of when cash is received or paid.

The two statements referred to above report the District's net position and its changes. The District's net position—the difference between assets and liabilities and deferred inflows of resources—is one way to measure the District's financial health or financial position. Over time, increases or decreases in the District's net position are indicators of whether its financial health is improving or deteriorating. Readers should also consider other nonfinancial factors such as changes in the District's patient base, measures of quality of the service it provides to the community, and local economic factors to assess the overall health of the District.

The Statements of Cash Flows

The final required statements are the statements of cash flows. These statements report cash receipts, cash payments, and net changes in cash resulting from operating, investing, and financing activities. They provide answers to such questions as, "Where did cash come from?", "What was cash used for?", and "What was the change in cash balances during the reporting period?"

Management's Discussion and Analysis (Continued) Years Ended December 31, 2018 and 2017

The District's Net Position

The District's net position is the difference between the assets and liabilities and deferred inflows of resources reported in the statements of net position on pages 10 and 11. The District's net position increased from December 31, 2017, to December 31, 2018, by \$13,494,235, as detailed in the following table:

Condensed Statements of Net Position at December 31 (In Thousands)

2018 - 2017 2017 - 20	16
December 31, 2018 2017 2016 \$ Change % Change \$ Change %	Change
Assets:	
Current assets and	
other assets \$ 67,002 \$ 63,766 \$ 57,774 \$ 3,236 5 % \$ 5,992	10 %
<u>Capital assets</u> 31,769 29,665 29,850 2,104 7 % (185)	(1)%
	(1)/0
TOTAL ASSETS \$ 98,771 \$ 93,431 \$ 87,624 \$ 5,340 6 % \$ 5,807	7 %
Liabilities:	
	40.04
	49 %
Noncurrent liabilities 5,367 13,885 11,144 (8,518) (61)% 2,741	25 %
Total liabilities 21,454 29,314 21,478 (7,860) (27)% 7,836	36 %
Deferred inflows of	
<u>resources</u> - 294 - (294) (100)% 294	100 %
Net position:	
Net investment in	
capital assets 25,372 21,295 19,364 4,077 19 % 1,931	10 %
Restricted 1,980 1,661 4,745 319 19 % (3,084)	(65)%
Unrestricted 49,965 40,867 42,037 9,098 22 % (1,170)	(3)%
Total net position 77,317 63,823 66,146 13,494 21 % (2,323)	(4)%
TOTAL LIABILITIES,	
DEFERRED INFLOWS OF	
RESOURCES, AND	
NET POSITION \$ 98,771 \$ 93,431 \$ 87,624 \$ 5,340 6 % \$ 5,807	7 %

Management's Discussion and Analysis (Continued) Years Ended December 31, 2018 and 2017

Condensed Statements of Revenues, Expenses, and Changes in Net Position (In Thousands)												
					2018 -	2017	2017	- 2016				
Years Ended December 31,		2018	2017	2016	\$ Change 9	% Change	\$ Change	% Change				
Operating revenue:												
Net patient service revenue	\$	86,376 \$	76,691 \$	71,974	\$ 9,685	13 %	\$ 4,717	7 %				
Other operating revenue		2,958	2,532	2,779	426	17 %	(247)	(9)%				
Total operating revenue		89,334	79,223	74,753	10,111	13 %	4,470	6 %				
Operating expenses:												
Salaries and wages		40,530	35,700	32,871	4,830	14 %	2,829	9 %				
Employee benefits		10,160	9,494	8,727	666	7%	, 767	9%				
OPEB funding expense		(.	718	-	(718)	(100)%	718	DIV/0 %				
Professional fees		5,579	4,630	4,083	949	20 %	547	13 %				
Supplies		12,160	11,076	10,835	1,084	10 %	241	2 %				
Purchased services		4,453	5,233	4,605	(780)	(15)%	628	14 %				
Utilities		637	700	543	(63)	(9)%	157	29 %				
Repairs and maintenance		2,775	2,577	2,376	198	8%	201	8 %				
Insurance		481	394	519	87	22 %	(125)	(24)%				
Other		2,742	2,181	1,583	561	26 %	598	38 %				
Rent		933	986	851	(53)	(5)%	135	16 %				
Depreciation		4,602	4,400	4,168	202	5 %	232	6 %				
Total operating expenses		85,052	78,089	71,161	6,963	9 %	6,928	<u>10 %</u>				
Operating income		4,282	1,134	3,592	3,148	278 %	(2,458)	(68)%				
Nonoperating revenue - Net		9,212	2,608	1,200	6,604	253 %	1,408	117 %				
Increase in net position		13,494	3,742	4,792	9,752	261 %	(1,050)	(22)%				
Not position at basinnin-		C2 022	CC 14C	64.254	(2.222)	(4)(*)	4 700					
Net position at beginning		63,823	66,146	61,354	(2,323)	(4)%	4,792	8 %				
Change in accounting principle			(6,065)	-	6,065	(100)%	(6,065)	100 %				
Net position at end	\$	77,317 \$	<u>63,823</u> \$	66,146	\$ 13,494	21 %	\$ (2,323 <u>)</u>	(4)%				

Management's Discussion and Analysis (Continued) Years Ended December 31, 2018 and 2017

Operating Income

Gross patient service revenue increased by \$24,260,757 compared with an increase of \$14,575,872 in revenue deductions in 2018. The inpatient portion of gross revenue increased by \$10,061,947 in 2018 because the inpatient census grew by 7.4% from the prior year. The increase in revenue deductions was the result of the increased contractual allowance related to the District's accounts receivable. Outpatient portion of gross revenue increased by \$11,438,486 in 2018, primarily because of increased activity from the operating room, radiology, and laboratory department. The clinic portion of gross revenue increased by \$2,760,324 in 2018.

Total operating expenses increased by \$6,964,394 from 2017 to 2018. This change was caused mostly by increases in salaries and benefits of \$5,494,789, supply expenses of \$1,084,273, and professional fees of \$949,042. Salaries and benefits increased because of elevated full-time equivalents, increased average hourly rate and benefits associated with them, mainly health insurance cost. The cost centers that saw the largest increase in salaries and benefits were the clinic, operating room, and administrative and general functions. Supply expenses increased primarily because of the increased purchases of drugs sold to patients, laboratory supplies, and education program supplies. Professional fees increased primarily as a result of utilizing additional medical professionals in podiatry, post-care general consulting, and clinic services.

Nonoperating Revenue (Expenses)

For the year 2018, nonoperating revenue consisted primarily of property tax revenue. The District received \$2,324,059 in property tax revenue. During 2017, property tax revenue received by the District totaled \$2,254,451. In addition, the District received grant and contribution revenue in the amount of \$286,685 in 2018 and \$232,128 in 2017. The District also incurred interest expense of \$334,497 in 2018 and \$423,313 in 2017.

Other Post-Employment Benefits

During 2017, the District adopted GASB No. 75, *Accounting and Financial Reporting for Post-Employment Benefits Other Than Pensions* (GASB 75). GASB 75 governs the accounting for post-employment benefits other than pensions (OPEB) plan obligations for participating employers. See Note 1 regarding the change in accounting principle. The implementation of GASB 75 resulted in OPEB expense of \$742,187 in 2017, included in employee benefit operating expenses. In 2018 the District left the Public Employees' Benefit Board (PEBB). The employee benefit plan, which its employees now participate in, does not offer postretirement benefits and is not subject to GASB 75. The impact of leaving PEBB resulted in the recognition of \$6,783,309 in nonoperating revenue during the year ended December 31, 2018 as a result of the discharge of the related OPEB liability. See Note 10 for the related OPEB required disclosures.

The District's Cash Flows

Changes in the District's cash flows are consistent with the changes in the operating income and nonoperating revenue and expenses as previously mentioned.

Management's Discussion and Analysis (Continued) Years Ended December 31, 2018 and 2017

Capital Assets and Accumulated Depreciation

As of December 31, 2018, the District had \$31,768,947 invested in capital assets, net of accumulated depreciation. The historical cost of and additions to capital assets and the changes in accumulated depreciation for the year ended December 31, 2018, are detailed in the following table:

	Balance at January 1, 2018	Additions	F	letirements	Transfers	Balance at December 31, 2018
Land and improvements	\$ 1,488,621	\$-	\$	- \$	-	\$ 1,488,621
Building and improvements	53,476,366	137,952		-	1,641,453	55,255,771
Fixed equipment	242,403	÷		-	-	242,403
Moveable equipment	30,228,148	3,098,428		(1,791,517)	141,759	31,676,818
Subtotals	85,435,538	3,236,380		(1,791,517)	1,783,212	88,663,613
Less: Accumulated						
depreciation	56,724,829	4,601,627		(1,630,839)	-	59,695,617
Subtotals	28,710,709	(1,365,247)		(160,678)	1,783,212	28,967,996
Construction in progress	954,572	3,629,591			(1,783,212)	2,800,951
Capital assets - Net	\$ 29,665,281	\$ 2,264,344	\$	(160,678) \$		\$ 31,768,947

Noncurrent Liabilities

At year-end 2018, the District's noncurrent liabilities consisted of series 1998, 2005, and 2007 bonds with an aggregate balance in the amount of \$6,397,361 and other noncurrent liabilities in the amount of \$2,592,623. Total noncurrent liabilities as of December 31, 2018, were \$8,989,984. Of this amount, \$3,623,035 is due in various installments over the next 12-month period.

Economic Factors Affecting 2018 and the Next Year

There are many significant factors affecting the financial performance of health care providers.

The District is located in central Washington, 100 miles west of Spokane. The District covers about 35% of Grant County, including Moses Lake, Washington. The District's population is approximately 57,000, but the hospital's total service area covers over 90,000 residents. Although the local economy is concentrated in agriculture, Grant County unemployment was at 8.0% in 2017 and 8.3% in 2018. That is compared with a Washington state average unemployment rate of 4.6%.

Management's Discussion and Analysis (Continued) Years Ended December 31, 2018 and 2017

Economic Factors Affecting 2018 and the Next Year (Continued)

Leadership – The senior leadership team consists of a chief executive officer, chief operating officer, chief administrative officer, chief nursing officer/chief quality officer, chief human resources officer, and chief medical officer. Assignments are underway to reallocate and refocus to address the shift from volume to value.

Patient Safety and Value Focus – The District has significantly increased its focus on and execution of patient safety and patient satisfaction by appointing a chief nursing officer/chief quality officer, a quality director and staffing the data analytics supporting these functions. Further, the District has appointed a director of patient experience to work directly on the service elements that directly affect patient and family satisfaction.

Demand for Services – Demand for services in the District's service area has both positive and negative inputs. The volumes are likely to increase in the future because of the aging of the population and the continued growth of the population and industries in Grant County. Grant County and the Moses Lake area continue to attract light and heavy industries to the area. Samaritan Healthcare has become very involved with the Grant County Economic Development Council and the Moses Lake Chamber of Commerce to better understand the health care and services needs of new employers and their employees. Samaritan Healthcare is also impacted by the state and national drives to reduce readmissions and push end-of-life care out of the hospital as well as to manage population health, which should have the effect of reducing use rates.

Strategic Plan — The District reevaluates its strategic plan annually and holds long-term strategic planning to address macro changes every five years. The plan addresses the strategic and operational adjustments that the District must make in its shift from volume to value. The shortage of primary care, internal medicine, and specialty providers, including cardiology, oncology, general, and orthopedic surgery, in Grant County continues to be the largest factor hindering growth. One of the priorities of the strategic plan will be enhanced primary and specialty care provider recruitment as a means of reducing the out-migration of patients because of a lack of provider availability. Caring for the patients in the local community is a clear priority.

Medicare Regulations – A growing federal deficit may increase pressures to reduce reimbursement to providers. The risk to hospitals is that reimbursement updates will not keep up with inflation. The District has some protection, since it is designated as a sole community provider and has in the short term several favorable provisions in the Medicare regulations.

Information Systems – A key element of the strategic plan is the development of a long-range information systems plan. The goal is to provide more current and accurate information to physicians and caregivers to help treat our patients on a more timely basis and more efficiently across the continuum of care. The District has plans to update its accounting and health information systems in the near future.

Labor Availability – Many hospitals across the country are experiencing difficulty in filling positions, especially in primary care, nursing, pharmacy, and imaging. The District is experiencing few shortages in health care labor and is generally able to successfully recruit clinical positions including physicians, nurses, and other technical positions.

Management's Discussion and Analysis (Continued) Years Ended December 31, 2018 and 2017

Economic Factors Affecting 2018 and the Next Year (Continued)

Employed Physician Compensation – Samaritan Healthcare's provider compensation plan is based on the following: market-based compensation, pay based on relative value units (RVU) productivity using the Medical Group Management Association (MGMA) database as a benchmark, and rewarding providers for improving the quality and satisfaction for the care provided to their patients. The District annually reviews and adjusts the provider compensation plan to market and to address the shift from volume to value.

Pharmaceutical Costs – The District continues to participate in the 340B program in conjunction with local, regional, and national pharmacies, which has significantly improved Samaritan Healthcare's drug acquisition costs. The continued escalation in the cost of new drugs remains a challenge to hospitals and a major source of increased costs of health insurance premiums.

Technology Costs – The future advances in new drugs, implantable supplies, and technology, especially in the areas of surgical and imaging services, will be significant. These technologies can lead to significant cost increases for hospitals. The District will continually have to evaluate these technologies and ensure that they are reimbursed appropriately from various payors and have a business case for using the service and/or supplies.

HIPAA – The Health Insurance Portability and Accountability Act (HIPAA), among other things, established electronic transaction sets and standards, privacy regulations, and security regulations over patient information and how it is utilized. HIPAA has added a significant cost implication and administrative burden to hospitals. These regulations continue to become more restrictive and create more administrative costs to monitor and implement. HIPAA imposes civil monetary penalties for violations and criminal penalties for knowingly obtaining or using individually identifiable health information. HIPAA compliance is an integral component of Samaritan Healthcare's compliance work plan.

Contacting the District's Financial Management

This financial report is designed to provide our patients, suppliers, creditors, and members of our community with a general overview of the District's finances and to show the District's accountability for the money it receives. For questions regarding this report or for additional financial information, please contact the District's administrative office at 801 East Wheeler Road, Moses Lake, WA 98837.

Statements of Net Position

December 31,		2018	2017
Current assets:			
Cash and cash equivalents	Ś	17,354,898 \$	12 212 203
Receivables:	Ş	17,554,050 2	13,312,307
Patient accounts - Net		11,958,078	13,693,298
Taxes receivable		262,419	
Other		15,144	257,829
Inventories		1,695,404	1 706 534
Prepaid expenses			1,786,524
		1,136,309	697,226
Total current assets		32,422,252	29,747,184
Other assets: Under trust indenture for bond redemption and interest less amount required for current liabilities		1,279,825	960,871
Board designated for capital improvements and other reserves		32,599,615	32,368,187
Donor restricted for endowment		700,000	689,843
Total other assets		34,579,440	34,018,901
Noncurrent assets:			
Nondepreciable capital assets		3,733,728	1,887,349
Depreciable capital assets - Net		28,035,219	27,777,932
Total noncurrent assets		31,768,947	29,665,281
TOTAL ASSETS	\$	98,770,639 \$	93,431,366

Statements of Net Position (Continued)

December 31,		2018	2017
Current liabilities:			
Accounts payable	\$	2,506,241	3,141,089
Payroll and related liabilities	7	2,835,200	2,140,306
Current maturities - Long-term debt		2,110,568	1,994,857
Current maturities - Accrued compensated absences		1,512,467	1,334,507
Accrued interest payable		3,792	62,101
Estimated third-party payor settlements		7,118,596	6,756,436
Total current liabilities		16,086,864	15,429,296
Noncurrent liabilities:			
Long-term debt - Less current maturities		4,286,793	6,375,334
Accrued compensated absences - Less current portion		504,156	444,836
Other accrued liabilities - Estimated malpractice costs		576,000	576,000
Other post employment benefits - OPEB		-	6,489,463
Total noncurrent liabilities		5,366,949	13,885,633
Total liabilities		21,453,813	29,314,929
Deferred inflows of resources - OPEB		-	293,846
Net position:			
Net investment in capital assets		25,371,586	21,295,090
Restricted for:		,	,,
Debt service		1,279,825	960,871
Nonexpendable permanent endowment		700,000	700,000
Unrestricted		49,965,415	40,866,630
Total net position		77,316,826	_ 63,822,591
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	\$	98,770,639 \$	93,431,366

Statements of Revenues, Expenses, and Changes in Net Position

Years Ended December 31,	2018	2017
Operating revenue:		
Net patient service revenue	\$ 86,375,996 \$	76,691,111
Other operating revenue	2,958,599	2,532,402
Total operating revenue	89,334,595	79,223,513
Operating expenses:		
Salaries and wages	40,529,636	35,700,407
Employee benefits	10,159,717	9,494,157
OPEB funding expense	-	718,298
Professional fees	5,578,918	4,629,876
Supplies	12,160,484	11,076,211
Purchased services	4,453,159	5,233,443
Utilities	637,204	699,845
Repairs and maintenance	2,774,976	2,576,971
Insurance	480,857	394,366
Other	2,742,972	2,179,524
Rent	933,257	985,761
Depreciation	4,601,627	4,399,554
Total operating expenses	85,052,807	78,088,413
Income from operations	4,281,788	1,135,100
Nonoperating revenue (expenses):		
Discharge of OPEB liabilities	6,783,309	
Tax revenue	2,324,059	2,254,451
Investment income - Net of fees	229,689	401,026
Grants and contributions	286,685	232,128
Other nonoperating revenue	33,989	143,288
Loss on disposal of assets	(110,787)	
Interest expense	(334,497)	(423,313
Total nonoperating revenue	9,212,447	2,607,580
Increase in net position	13,494,235	3,742,680
Net position at beginning of year, as previously stated	63,822,591	66,144,922
Cumulative effect for change in accounting principle		(6,065,011
Net position - Beginning of the year, as restated	63,822,591	60,079,911
Net position - End of the year	\$ 77,316,826 \$	
ee accompanying notes to financial statements		

See accompanying notes to financial statements.

Statements of Cash Flows

Years Ended December 31,	2018	2017
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 88,473,376 \$	74,556,324
Receipts from other operating activities	2,943,455	2,537,400
Payments to employees	(49,674,207)	(44,916,984)
Payments to suppliers, contractors, and others	(30,744,637)	(26,848,102)
Net cash provided by operating activities	10,997,987	5,328,638
Cash flows from noncapital financing activities:		
Property tax	2,319,469	2,255,681
Contribution and donation income	109,318	209,146
Grant income	177,367	22,982
Other miscellaneous nonoperating proceeds	33,989	148,126
Net cash provided by noncapital financing activities	2,640,143	2,635,935
Cash flows from capital and related financing activities:		
Principal paid on long-term debt	(1,972,509)	(1,928,107)
Interest paid on long-term debt	(393,127)	(420,264
Purchase of capital assets	(6,865,971)	(4,397,711
Proceeds from disposal and sale of capital assets	49,891	(.
Net cash used in capital and related financing activities	(9,181,716)	(6,746,082)
Cash flows from investing activities:		
Investment income	487,756	401,026
(Purchase) sale of investments	(803,512)	781,588
Investment fund professional fees paid	(98,067)	-
Net cash provided by (used in) investing activities	(413,823)	1,182,614
Increase in cash and cash equivalents	4,042,591	2,401,105
Cash and cash equivalents - Beginning of year	13,312,307	10,911,202
Cash and cash equivalents - End of year	\$ 17,354,898 \$	13,312,307

Statements of Cash Flows (Continued)

Years Ended December 31,	2018	2017
Reconciliation of income from operations to net cash provided by operating		
activities:		
Income from operations	\$ 4,281,788 \$	1,135,100
Adjustments to reconcile income from operations to net cash provided by operating activities:		
Depreciation	4,601,627	4,399,554
Provision for bad debts	458,832	586,713
Changes in operating assets and liabilities:		
Receivables:		
Patient accounts - Net	1,276,388	(4,855,086)
Other	(15,144)	4,595
Inventories	91,120	(96,781)
Prepaid expenses	(439,083)	168,887
Accounts payable	(634,846)	845,012
Payroll and related liabilities	777,866	79,803
Accrued compensated absences	237,279	197,777
Estimated third-party payor settlements	362,160	2,144,766
Increase in OPEB and related deferred inflows of resources	-	718,298
Total adjustments	6,716,199	4,193,538
Net cash provided by operating activities	\$ 10,997,987 \$	5,328,638

Statements of Cash Flows (Continued)

Note 1: Summary of Significant Accounting Policies

The Entity

Grant County Public Hospital District No. 1 DBA Samaritan Healthcare (the "District") operates a licensed 50-bed acute care hospital and rural health clinic in Moses Lake, Washington, as provided for under the laws of the state of Washington for Washington state municipal corporations. The District was created to operate and manage matters covering Grant County's health care functions.

The Board of Commissioners that governs the District consists of five community members elected to six-year terms. The District is not a component unit of Grant County.

Financial Statement Presentation

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States (GAAP) as prescribed by the Governmental Accounting Standards Board (GASB).

The accounting records of the District are maintained in accordance with methods prescribed by the State Auditor under the authority of Chapter 43.09 Revised Code of Washington (RCW) and the Department of Health in the *Accounting and Reporting Manual for Hospitals*.

The District's statements are reported using the economic resources measurement focus and full-accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when the liability is incurred regardless of the timing of the cash flows. Property taxes are recognized as revenue in the year in which they are levied. Grants and similar items are recognized as revenue as soon as eligibility requirements imposed by the provider have been met.

Tax Status

The District operates under the laws of the state of Washington for Washington municipal corporations. As organized, the District is exempt from payment of federal income tax. All District assets, liabilities, and financial transactions are included in these financial statements.

Use of Estimates in Preparation of Financial Statements

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Statements of Cash Flows (Continued)

Note 1: Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments. For purposes of the statements of cash flows, the District considers all cash and cash investments with maturity dates of three months or less as cash and cash equivalents.

Patient Accounts Receivable

Patient accounts receivable are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances. These obligations are primarily from local residents, most of whom are insured under third-party payor agreements. The District bills third-party payors on the patients' behalf, or, if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient receivables are applied to the specific claim identified on the remittance advice or statement. The District does not have a policy to charge interest on past due accounts.

Patient accounts receivable are recorded in the accompanying statements of net position net of contractual adjustments and an allowance for doubtful accounts, which reflect management's best estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patient accounts receivable.

In addition, management provides for probable uncollectible amounts, primarily for uninsured patients and amounts for which patients are personally responsible, through a reduction of gross revenue and a credit to an allowance for doubtful accounts. In evaluating the collectibility of patient accounts receivable, the District analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely.

Inventories

Inventories are stated at the lower of cost or net realizable value. Cost is determined by the average cost method.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A three-tier hierarchy prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as quoted market prices in active markets for identical assets or liabilities; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs, therefore requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement within the hierarchy is based on techniques that maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Capital Assets

Capital assets are recorded at historical cost or, in the case of donated items, at acquisition value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures that increase values, change capacities, or extend useful lives are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation expense in the financial statements. The District policy is to capitalize assets with a cost of \$5,000 and over.

Land improvements	3 to 20 years
Buildings and building improvements	5 to 40 years
Fixed equipment	3 to 25 years
Major movable equipment	3 to 20 years

Asset Impairment

Capital assets are reviewed for impairment when events or changes in circumstances suggest that the service utility of the capital asset might have significantly and unexpectedly declined. Capital assets are considered impaired if both the decline in service utility of the capital asset is large in magnitude and the event or change in circumstances that may be indicative of impairment include evidence of physical damage, enactment or approval of laws or regulations or other changes in environmental factors, technological changes or evidence of obsolescence, changes in the manner or duration of use of a capital asset, and construction stoppage. The determination of the impairment loss is dependent on the event or circumstance in which the impairment occurred. Impairment losses, if any, are recorded in the accompanying statements of revenues, expenses, and changes in net position. During 2018 and 2017, the District determined that no evaluations of recoverability were necessary.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Compensated Absences

The District's policy is to permit employees to accumulate earned but unused "paid time off" (PTO) and sick pay benefits. All PTO is accrued when incurred at varying rates depending on the employee's position and contract.

Nurses and all other employees accrue PTO, except exempt employees, who accrue both PTO and sick pay. Unused PTO is accumulated and paid to the employee when the employee terminates employment with the District. Accrued PTO was reported as a current and noncurrent liability in both 2018 and 2017. There is no liability for unpaid accumulated sick leave for exempt employees, since the District does not have a policy to pay any amounts when employees separate from service with the District.

Post-Employment Benefits Other Than Pensions (OPEB)

The total Post-Employment Benefits Other Than Pensions (OPEB) liability is measured at the actuarial present value of projected benefit payments for the District's covered members. Deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense are recognized as they occur and are based on the changes in the net OPEB liability between measurement dates

Estimated Malpractice Costs

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

Deferred Outflows/Inflows of Resources

In addition to assets, the statements of net position will sometimes report a separate section of deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to a future period and so will not be recognized as an outflow of resources (expense) until then. The District currently has no deferred outflows of resources.

In addition to liabilities, the statements of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents the acquisition of net position that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Risk Management

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

The District has obtained medical malpractice insurance coverage from an insurance carrier on a claims-made basis. A claims-made insurance policy represents a transfer of risk within the policy limits to the insurance carrier for asserted claims and incidents reported to the insurance carrier. A claims-made insurance policy does not represent a transfer of risk for claims and incidents not reported to the insurance carrier during the policy period. Consequently, a health care organization insured under a claims-made policy recognizes the estimated cost of the claims and incidents not reported to the insurance carrier as of the end of the reporting period. Management estimates that the cost of any claims and incidents not reported to the insurance carrier as of December 31, 2018 and 2017, will not have a significant effect on the financial statements.

Net Position

The District's net position is classified into three categories:

Net investment in capital assets: This category consists of capital assets, net of accumulated depreciation, reduced by the outstanding balance of any long-term debt used to build, acquire, or improve those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the construction, acquisition, or improvement of those assets or the related debt are also included in this category.

Restricted: There are two subcategories for restricted assets: restricted for debt service and restricted nonexpendable permanent endowments. First Restricted for debt service consists of net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District, including amounts deposited with trustees in connection with bond agreements, reduced by any liabilities related to those assets. Second Restricted for nonexpendable permanent endowments consist of net position that equals the principal portion of permanent endowments.

Unrestricted: This category consists of the remaining net position that does not meet the definition of the two preceding categories.

When both restricted and unrestricted resources are available for use, it is the District's policy to use externally restricted resources first.

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Endowment

Endowments are provided to the District on a voluntary basis by individuals and private organizations. Restricted nonexpendable net position represents the Masto Endowment Fund, which is a permanent endowment. Permanent endowments require that the principal or corpus of the endowments be retained in perpetuity. Unless the contributor provides specific instructions, Washington state law permits the District's Board of Commissioners to authorize for expenditure the net appreciation (realized and unrealized) of the investments in its endowments. When administering its power to spend net appreciation, the Board of Commissioners is required to consider the District's "long-term and short-term needs, present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions." Any net appreciation that is spent is required to be spent for the purposes designated by the contributor.

Operating Revenue and Expenses

The District's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenue and expenses. Operating revenue results from exchange transactions associated with providing health care services. Nonexchange revenue, including taxes, grants, and contributions, is reported as nonoperating revenue. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Net Patient Service Revenue

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. Certain third-party payor reimbursement agreements are subject to audit and retrospective adjustments. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or willing to pay for services provided. Thus, the District records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Charity Care

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. The District maintains records to identify the amount of charges forgone for services and supplies furnished under the charity care policy. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue..

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Grants and Contributions

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant The District receives grants and contributions from governmental and private entities. Revenue from grants and contributions are recognized when all eligibility requirements, including time restrictions, are met. Amounts that are unrestricted or that are restricted for a specific purpose are reported as nonoperating revenue. Amounts restricted for capital acquisitions are reported after nonoperating revenue and expenses.

Tax Revenue

Property taxes are levied by Grant County on the District's behalf and are intended to finance the District's activities of the same fiscal year. The amount of property tax received is dependent on the assessed real property valuations as of the preceding May 31, the amount requested by the District, and the amount requested by other local taxing authorities. The assessed property is subject to lien on the levy date, and taxes are considered delinquent after October 31.

Change in Accounting Principle

During 2017, the District adopted GASB Statement No. 75, Accounting and Financial Reporting for Post-Employment Benefits Other Than Pensions (GASB 75). GASB 75 governs the accounting for OPEB plan obligations for participating employers and is required to be implemented for fiscal years beginning after June 15, 2017. For plans that are not prefunded, GASB 75 requires a liability for OPEB obligations, known as the total OPEB liability, to be recognized on the statement of net position of participating employers. The District included the OPEB liability in OPEB in the statements of net position. Changes in the total OPEB liability will be immediately recognized as OPEB expense in the statements of revenues, expenses, and changes in net position or reported as deferred inflows/outflows of resources in the statements of net position depending on the nature of the change.

The District included the OPEB liability of \$6,489,463 in OPEB, and the deferred inflows of resources of \$293,846 is included in a separate line item called deferred inflows of resources - OPEB, both in the statements of net position. The OPEB expense of \$742,187 is included in employee benefits in the statements of revenues, expenses, and changes in net position. The related required disclosures are included in Note 10.

GASB 75 requires retrospective application to all periods presented unless impracticable. As such, only the net position as of the beginning of 2017 was restated. The cumulative impact of the restatement was \$6,065,011 as presented in the statements of revenues, expenses, and changes in net position.

Subsequent Events

Subsequent events have been evaluated through July 22, 2019, which is the date the financial statements were available to be issued.

Notes to Financial Statements

Note 2: Compliance

Management believes the District is in substantial compliance with current laws and regulations through the year ended December 31, 2018.

The health care industry is subject to numerous laws and regulations from federal, state, and local governments. These laws and regulations include but are not necessarily limited to matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with the fraud and abuse regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Note 3: Cash, Cash Equivalents, and Investments

Deposits

Custodial credit risk is the risk that, in the event of a depository institution failure, the District's deposits may not be refunded to it. The District does not have a deposit policy for custodial credit risk. The District's deposits are entirely covered by the Federal Deposit Insurance Corporation (FDIC) or by collateral held in a multiple-financialinstitution collateral pool administered by the Washington Public Deposit Protection Commission.

Investments

RCW Chapter 39, authorizes municipal governments to invest their funds in a variety of investments, including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool (LGIP); savings accounts in qualified public depositories; and certain other investments.

The District's investment policy specifies that investments will be limited to collateralized certificates of deposit, collateralized repurchase options, passbook savings, money market checking, U.S. Treasury securities, or the Washington State LGIP.

Notes to Financial Statements

Note 3: Cash, Cash Equivalents, and Investments (Continued)

Investments (Continued)

Deposits and investments at carrying value consisted of the following at December 31:

	 2018	2017
Unrestricted - Cash and investments:		
Demand deposits	\$ 17,334,839	\$ 13,296,879
Deposits with the Grant County treasurer	17,859	13,151
Petty cash	 2,200	2,277
Total unrestricted cash and investments	17,354,898	13,312,307
Restricted or board designated - Cash and investments:		
Under trust indenture for bond redemption and interest less		
amount required for current liabilities	1,279,825	960,871
Board designated for capital improvements and other reserves - Includes LGIP		
investments of \$2,453,666 in 2018 and \$2,407,413 in 2017	32,599,615	32,358,030
Donor restricted for endowment	700,000	700,000
Total restricted or board-designated cash and investments	34,579,440	34,018,901
Total cash and investments	\$ 51,934,338	\$ 47,331,208

Average days to maturity of LGIP assets was 42 days at December 31, 2018.

The LGIP is not registered with the U.S. Securities and Exchange Commission (SEC) as an investment company. It is a voluntary investment vehicle operated by the Washington state treasurer. Over 530 local governments have participated in the pool since it was started in 1986 to provide safe, liquid, and competitive investment options for local governments pursuant to RCW 43.250. All investments are subject to written policies and procedures adopted by the state treasurer's office. The LGIP is considered extremely low risk. Funds are invested in a portfolio of securities in a manner generally consistent with the SEC's Rule 2A-7 of the Investment Company Act of 1940 as it currently stands. The LGIP functions as a demand deposit account whereby the County receives an allocation of its proportionate share of pooled earnings using an amortized cost methodology. Unrealized gains and losses resulting from changes in the fair values are not distributed to the District.

The LGIP manages a portfolio of securities that meet the maturity, quality, diversification, and liquidity requirements set forth by GASB for external investment pools that elect to measure, for financial reporting purposes, investments at amortized cost.

Notes to Financial Statements

Note 3: Cash, Cash Equivalents, and Investments (Continued)

Investments (Continued)

The LGIP transacts with its participants at a stable net asset value per share of \$1.00, the same method used for reporting. Participants may contribute and withdraw funds on a daily basis. Participants must inform the Office of the State Treasurer (OST) of any contribution or withdrawal over one million dollars no later than 9 a.m. on the same day the transaction is made. Contributions or withdrawals for one million dollars or less can be requested at any time prior to 10 a.m. on the day of the transaction. However, participants may complete transactions greater than one million dollars when notification is made between 9 a.m. and 10 a.m., at the sole discretion of OST. All participants are required to file with the state treasurer documentation containing the names and titles of the officials authorized to contribute or withdraw funds. The LGIP does not impose liquidity fees or redemption gates on participant withdrawals.

The LGIP is not subject to the fair value hierarchy disclosures.

The composition of investments, reported at fair value by investment type at December 31, 2018, excluding unrestricted cash, money market funds, and the Washington State LGIP is as follows:

Investment Type	Ac	oted Prices in tive Markets or Identical sets (Level 1)	Significant Othe Observable	Unobservable	Total
U.S. Government Treasury bonds U.S. Government agency bonds	\$	5,556,442 -	\$	-\$-\$	5,556,442 17,453,593
Mortgage-backed securities Grant County WA PUB UT District #2		-	8,383,499		8,383,499
Revenue Bond			285,000		285,000
Totals	\$	5,556,442	\$ 26,122,092	\$ - \$	31,678,

Notes to Financial Statements

Note 3: Cash, Cash Equivalents, and Investments (Continued)

investments (Continued)

The composition of investments, reported at fair value by investment type at December 31, 2017, excluding unrestricted cash, money market funds, and the Washington State LGIP is as follows:

Investment Type	Ac fo	oted Prices in tive Markets or Identical sets (Level 1)	Sig	nificant Other Observable puts (Level 2)	Significant Unobservable Inputs (Level 3)		Total
U.S. Government Treasury bonds	\$	5,758,910	Ś	_	\$ -	Ś	5,758,910
U.S. Government agency bonds	T	-,,	T	17,130,651	- -		17,130,651
Mortgage-backed securities		÷		8,610,842	-		8,610,842
Energy NW WA Electric Revenue Bond Grant County WA PUB UT District #2		-		160,269			160,269
Revenue Bond		-		284,487			284,487
Totals	\$	5,758,910	\$	26,186,249	\$ -	\$	31,945,159

Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates could affect the fair value of an investment. The District periodically reviews with its investment advisors the duration of the most significant investment accounts. Based on the forecasts of interest rates, the District adjusts the duration of the portfolio to achieve management's desired outcome. At December 31, 2018 and 2017, the District had the following investments and maturities, all of which were held in the District's name by a custodial bank that is an agent of the District:

		Investment Maturities			
Investment Type	Fair Value 2018	Less Than 1 Year	1-5 Years	6-10 Years	More Than 10 Years
U.S. Government Treasury bonds	\$ 5,556,442 \$	5 1,068,167	\$ 3,604,179	\$ 884,097 \$	-
U.S. Government agency bonds	17,453,593	3,424,202	6,213,332	6,770,283	1,045,775
Mortgage-backed securities Grant County WA PUB UT	8,383,499	548,257	3,700,748	2,006,081	2,128,413
District #2 Revenue Bond	285,000	285,000	-	-	-
Washington State LGIP	2,452,527	120	2,452,527	22	2
Totals	\$ 34,131,061	5,325,626	\$ 15,970,786	\$ 9,660,461 \$	3,174,188

Notes to Financial Statements

Note 3: Cash, Cash Equivalents, and Investments (Continued)

Interest Rate Risk (Continued)

	_	Investment Maturities			
Investment Type	Fair Value 2017	Less Than 1 Year	1-5 Years	6-10 Years	More Than 10 Years
U.S. Government Treasury bonds	\$ 5,758,910 \$	5 1,276,379	\$ 3,552,989	\$ = \$	929,542
U.S. Government agency bonds	17,130,651	1,294,813	7,894,897	6,408,916	1,532,025
Mortgage-backed securities	8,610,842	349,251	3,410,013	2,576,594	2,274,984
Energy NW WA Electric					
Revenue Bond	160,269	160,269	=	-	-
Grant County WA PUB UT					
District #2 Revenue Bond	284,487	284,487	=	-	-
Washington State LGIPI	2,373,385	-	2,373,385		
Totals	\$ 34,318,544 \$	3,365,199	\$ 17,231,284	\$ 8,985,510 \$	4,736,551

Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank failure, the District's deposits might not be recovered. All securities are held by the District's safekeeping custodian acting as an independent third party and carry no custodial credit risk.

Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by assignment of a rating by a nationally recognized statistical rating organization. The District adheres to the state of Washington's regulations on investing. Statutes authorize the District to invest in obligations of the U.S. Treasury, agencies, and instrumentalities; commercial paper rated A-1 by Standard & Poor's Corporation or P-1 by Moody's Commercial Paper Record; and bankers' acceptances. As of December 31, 2018, the District's investment in Energy Northwest Revenue Bonds and Grant County WA Public Utility District No. 2 Revenue Bonds were rated AA- by Standard & Poor's. The Washington State LGIP was unrated as of December 31, 2018 and 2017.

Concentration of Credit Risk

Concentration of credit risk is the risk of loss that may be attributed to the magnitude of an entity's investment in a single issuer. The District mitigates credit risk by limiting the percentage of the portfolio invested with any one issuer.

Notes to Financial Statements

Note 4: Patient Accounts Receivable

The District grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The majority of these patients are geographically concentrated in and around Grant county. No single patient composes more than five percent of total receivables at year-end. The mix of patient receivables at December 31, 2018 and 2017, follows:

	2018	2017
Patient accounts receivable Less:	\$ 35,285,843	\$ 36,562,231
Contractual allowance	16,422,452	16,868,480
Allowance for doubtful accounts	6,905,313	6,000,453
Patient accounts receivable - Net	\$ 11,958,078	\$ 13,693,298

Note 5: Net Patient Service Revenue

The following table sets forth the detail of patient service revenue - net of contractual adjustments, discounts, and provision for bad debts for the years ended December 31:

	2018	2017
Gross patient service revenue:		
Inpatient services	\$ 93,733,177 \$	\$ 83,671,230
Outpatient services	133,143,095	121,704,609
Physician clinics	13,763,441	11,003,117
Total gross patient service revenue	240,639,713	216,378,956
Less:		
Contractual adjustments	147,726,652	134,169,815
Provision for bad debts	3,217,158	2,881,680
Charity care	3,319,907	2,636,350
Total deductions in revenue	154,263,717	139,687,845
Net patient service revenue	\$ 86,375,996	\$ 76,691,111

Notes to Financial Statements

Note 5: Net Patient Service Revenue (Continued)

The following table reflects the percentage of gross patient service revenue by payor source for the years ended December 31:

	2018	2017
Medicare	32%	32%
Medicaid	32%	33%
Commercial and other third-party payors	33%	32%
Self-pay	3%	3%
Totals	100%	100%

Note 6: Reimbursement Arrangements With Third-Party Payors

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

Hospital

Medicare - Inpatient and outpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The District's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the District. Charges and program billings are also subject to review by various organizations including the Recovery Audit Contractor Program.

Medicaid - Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost-reimbursement methodology. The District is reimbursed at a tentative rate, with final settlement determined after the submission of annual cost reports by the District and audits thereof by the Medicaid fiscal intermediary.

Others - The District also has entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the District on these agreements includes prospectively determined rates per discharge, discounts from established rates, and other payment methods.

Notes to Financial Statements

Note 6: Reimbursement Arrangements With Third-Party Payors (Continued)

Other Nonacute Services

Physician and Professional Services - Certain physician and professional services rendered to Medicare and Medicaid beneficiaries qualify for reimbursement as Medicare-approved rural health clinic services. Qualifying services are reimbursed based on a cost-reimbursement methodology. Under federal law, the rural health clinics are also entitled to receive a wraparound payment for the difference between the cost and the amount paid by Medicaid managed-care plans. All other physician and professional services rendered to Medicare and Medicaid beneficiaries are paid based on prospectively determined fee schedules.

Accounting for Medicare and Medicaid Contractual Arrangements

The District is reimbursed for cost-reimbursable items at interim rates, with final settlements determined after audit of the related annual cost reports by the respective Medicare and Medicaid fiscal intermediaries. Estimated provisions to approximate the final expected settlements after review by the intermediaries are included in the accompanying financial statements.

Laws and Regulations

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include but are not limited to matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and billing regulations.

Government activity with respect to investigations and allegations concerning possible violations of such regulations by health care providers has increased. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayment for patient services previously billed. Management believes the District is in substantial compliance with applicable government laws and regulations. While no significant regulatory inquiries have been made of the District, compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

The Centers for Medicare and Medicaid Services (CMS) uses recovery audit contractors (RAC) as part of its efforts to ensure accurate payments. RACs search for potentially inaccurate Medicare payments that might have been made to health care providers and were not detected through existing CMS program integrity efforts. Once a RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The District may either accept or appeal the RAC's findings. RAC reviews of the District's Medicare claims are anticipated; however, the outcomes of such reviews are unknown, and any financial impact could not be reasonably estimated at December 31, 2018.

Notes to Financial Statements

Note 7: Property Taxes

The District received approximately 1% of its financial support from property taxes for both years ended December 31, 2018 and 2017. These funds were used to support operations. Property taxes are levied by Grant County on the District's behalf on January 1 and are intended to finance the District's activities of the same calendar year. Amounts levied are based on assessed property values as of the preceding May 31. The assessed property is subject to lien on the levy date, and taxes are considered delinquent after October 31. The taxes are collected by the county and remitted to the District. Taxes estimated to be collectible are recorded as revenue in the year receivable by the District.

The District is permitted by law to levy up to \$0.75 per \$1,000 of of assessed valuation for general District purposes. Washington state constitution and Washington State law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by vote of eligible voters.

For 2018, the District tax levy for operations was \$0.54 per \$1,000 of assessed value of \$4,288,872,470.

For 2017, the District tax levy for operations was \$0.52 per \$1,000 of assessed value of \$4,305,264,715.

Property taxes are considered delinquent on the day following each payment due date.

Notes to Financial Statements

Note 8: Capital Assets

Capital assets balances and activity were as follows:

	Balance at January 1, 2018	Additions	Retirements	Transfers	Balance at December 31, 2018
Nondepreciable capital assets:					
Land	\$ 932,777 \$	-	\$ - \$	-	\$ 932,777
Construction in progress	954,572	3,629,591	-	(1,783,212)	2,800,951
Tables 1 11					
Total nondepreciable					
capital assets	1,887,349	3,629,591	-	(1,783,212)	3,733,728
Depreciable capital assets:					
Land improvements	555,844	-	-	_	555,844
Buildings and improvements	53,476,366	137,952	-	1,641,453	55,255,771
Fixed equipment	242,403	,	-	_,•,	242,403
Major movable equipment	30,228,148	3,098,428	(1,791,517)	141,759	31,676,818
				,	
Total depreciable capital					
assets	84,502,761	3,236,380	(1,791,517)	1,783,212	87,730,836
Total capital assets before					
depreciation	86,390,110	6,865,971	(1,791,517)		91,464,564
Less accumulated depreciation					
for:	254 400				
Land improvements	251,100	54,236		-	305,336
Buildings and improvements	34,855,869	2,048,334	8	-	36,904,203
Fixed equipment	164,150	17,129	=	-	181,279
Major moveable equipment	21,453,710	2,481,928	(1,630,839)	-	22,304,799
Total accumulated					
depreciation	56,724,829	4,601,627	(1,630,839)	_	59,695,617
		.,	(_,,,,,,,,,		
Capital assets - Net	\$ 29,665,281 \$	2,264,344	\$ (160,678) \$	-	\$ 31,768,947

Notes to Financial Statements

Note 8: Capital Assets (Continued)

Capital assets balances and activity were as follows:

- <u></u>	Balance at January 1, 2017	Additions	Retirements	Transfers	Balance at December 31, 2017
Nondepreciable capital assets:					
Land	\$ 932,777 \$		\$-\$	-	\$ 932,777
Construction in progress	818,109	2,053,938	-	(1,917,475)	954,572
		_,,		(001,072
Total nondepreciable					
capital assets	1,750,886	2,053,938	-	(1,917,475)	1,887,349
				(-//	
Depreciable capital assets:					
Land improvements	542,357	13,487	-	-	555,844
Buildings and improvements	51,890,269	273,602	-	1,312,495	53,476,366
Major moveable equipment	28,040,159	2,056,684	(473,675)	604,980	30,228,148
Fixed equipment	242,403	×	-	-	242,403
Total depreciable capital					
assets	80,715,188	2,343,773	(473,675)	1,917,475	84,502,761
Total capital assets before					
depreciation	82,466,074	4,397,711	(473,675)	-	86,390,110
Less accumulated depreciation					
for:	200.226	50.004			
Land improvements	200,236	50,864	-	-	251,100
Buildings and improvements	32,796,468	2,059,401			34,855,869
Fixed equipment	147,025	17,125	-) . =:	164,150
Major moveable equipment	19,655,221	2,272,164	(473,675)		21,453,710
Total accumulated					
depreciation	52,798,950	4,399,554	(473,675)	-	56,724,829
Capital assets - Net	\$ 29,667,124 \$			- :	\$ 29,665,281

Notes to Financial Statements

Note 9: Long-Term Debt

Long-term debt and other noncurrent liabilities consisted of the following:

	Balance at January 1, 2018	Additions	Reductions	Balance at December 31, 2018	D	Amounts Due Within One Year
Bonds payable:						
2007 LTGO refunding bond	\$ 5,357,375 \$	- \$	6 (737,974)	\$ 4,619,401	\$	810,000
2005 LTGO bond	633,850	2	(79,535)	554,315		, 82,952
1998 revenue bond	2,370,000	=	(1,155,000)	1,215,000		1,215,000
2007 LTGO refunding bond						
premium	11,386	2,741	-	8,645		2,616
1998 revenue bonds discount	(2,420)	-	2,420	-		-
Total bonds payable	8,370,191	2,741	(1,970,089)	6,397,361		2,110,568
Other noncurrent liabilities: Accrued compensated						
absences	1,779,343	2,811,531	(2,574,251)	2,016,623		1,512,467
Estimated malpractice costs	576,000	Ħ	-	576,000		
OPEB	 6,489,463	2	(6,489,463)	14		-
Total other noncurrent liabilities	8,844,806	2,811,531	(9,063,714)	2,592,623		1,512,467
Total noncurrent liabilities	\$ 17,214,997 \$	2,814,272	(11,033 <u>,</u> 803)	\$ 8,989,984	\$	_3,623,035

Notes to Financial Statements

Note 9: Long-Term Debt (Continued)

Long-term debt and other noncurrent liabilities consisted of the following:

	Balance at January 1,			Balance at December 31,	Amounts Due Within
	2017	Additions	Reductions	2017	One Year
Bonds payable:					
2007 LTGO refunding bond	\$ 6,080,000 \$	- \$	(722,625)	\$ 5,357,375 \$	760,000
2005 LTGO bond	710,112	-	(76,262)	633,850	79,536
1998 revenue bond	3,465,000	-	(1,095,000)	2,370,000	1,155,000
2007 LTGO refunding bond					
premium	18,558	-	(7,172)	11,386	2,741
1998 revenue bonds discount	(5,158)		2,738	(2,420)	(2,420)
Total bonds payable	10,268,512	-	(1,898,321)	8,370,191	1,994,857
Capital lease obligations -					
Stryker surg/ortho 2012	34,220	-	(34,220)	2	724
Other noncurrent liabilities: Accrued compensated					
absences	1,581,566	2,848,186	(2,650,409)	1,779,343	1,334,507
Estimated malpractice costs	576,000	-	-	576,000	89
OPEB	-	6,489,463	-	6,489,463	
Total other noncurrent					
liabilities	2,157,566	9,337,649	(2,650,409)	8,844,806	1,334,507
Total noncurrent liabilities	\$ 12,460,298 \$	9,337,649 \$	(4,582,950)	\$ 17,214,997 \$	3,329,364

Notes to Financial Statements

Note 9: Long-Term Debt (Continued)

The terms and due dates of the District's long-term debt at December 31, 2018 and 2017, were as follows:

Revenue Bonds

The District also issued revenue bonds dated December 1, 1998, to pay the costs associated with acquiring, equipping, constructing, and improving the District's facilities. The bonds are special obligations of the District, payable solely from revenue derived from District operations, and are not general obligations or indebtedness payable from tax revenue. The District is required to transfer monthly to a bond fund one-sixth of the next ensuing 6 months' interest requirements and one-twelfth of the next ensuing 12 months' principal payments. The District is required to maintain at least 70 days of cash on hand and maintain a debt coverage ratio of at least 1.25 to 1. The revenue bonds dated December 1, 1998, are due in principal installments that range from \$1,155,000 and \$1,215,000 with interest of 5.25%. The 1998 revenue bonds had a liability balance of \$1,215,000 and \$2,370,000 as of December 31, 2018 and 2017, respectively. In addition, there was a discount related to the 1998 revenue bonds that was fully amortized as of December 31, 2018.

Limited Tax General Obligation Bonds

Limited tax general obligation bonds (LTGO) are general obligations of the District and are secured by an irrevocable pledge of the District that it will have sufficient funds available to pay the bond principal and interest due by levying each year a maintenance and operations tax on the taxable property within the District. The District issued LTGO bonds dated July 27, 2005, to provide funds to pay the costs of certain equipment and facility renovations. The 2005 bonds are due through December 2024 in principal payments ranging from \$79,536 to \$102,364 with interest of 4.25%. There was a liability balance of \$554,315 and \$633,850 for the 2005 LTGO Bonds as of December 31, 2018 and 2017, respectively.

The District issued LTGO bonds dated March 19, 2007, in the amount of \$9,995,000. The proceeds from the bonds were used to advance refund a portion of the District's outstanding 1998 revenue bonds. The 2007 bonds are due in principal installments that range from \$760,000 to \$1,040,000 with interest ranging from 4.05% to 5.5%. There was a liability balance of \$4,619,401 and \$5,357,375 for the 2007 LTGO Bonds as of December 31, 2018 and 2017, respectively. In addition, there was a premium related to the 2007 LTGO bonds that had a balance of \$8,645 and \$11,386 as of December 31, 2018 and 2017, respectively. The 2007 bonds and related premium have a maturity date of December 1, 2023.

Capital Leases

The District had entered into lease agreements that qualified as capital leases. The related equipment is recorded as a capital asset, and the leases are collateralized by the equipment. As of January 1, 2017, there was a balance of \$34,220 that was fully paid by December 31, 2017.

Notes to Financial Statements

Note 9: Long-Term Debt (Continued)

Estimated Malpractice Costs

The provision for estimated medical malpractice costs includes estimates of the ultimate costs of both reported claims and claims incurred but not reported. There was a liability balance of \$576,000 for estimated malpractice costs for both years ended December 31, 2018 and 2017.

Accrued Compensated Absences

The District had a total compensated absences liability of \$2,016,622 and \$1,779,343 for the years ended December 31, 2018 and 2017. Of this total, it is estimated that approximately \$1,512,000 was current and \$504,000 was noncurrent at December 31, 2018, and that approximately \$1,334,000 was current and \$445,000 was noncurrent at December 31, 2017.

Post-Employment Benefits Other Than Pensions (OPEB)

The net OPEB liability is measured at the actuarial present value of projected benefit payments for the District's covered members. Deferred outflows of resources and deferred inflows of resources related to OPEB and OPEB expense are recognized as they occur and are based on the changes in the net OPEB liability between measurement dates. As of December 31, 2017, the District had an OPEB liability balance of \$6,489,463. The District left the public benefit plan that offered employees OPEB prior to December 31, 2018, and the employee benefit plan that its employees now participate in does not offer postretirement benefits.

Principal maturities of long-term debt for succeeding years are as follows for the years ending December 31:

		Bonds Payable			
<u></u>	<u> </u>	Principal	Interest	Total	
2019	\$	2,110,568 \$	276,266 \$	2,386,834	
2020		953,737	175,706	1,129,443	
2021		1,012,453	136,957	1,149,410	
2022		1,075,691	95,362	1,171,053	
2023		1,138,148	50,650	1,188,798	
2024		106,764	3,275	110,039	
Totals	\$	6,397,361 \$	738,216 \$	7,135,577	

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB

Plan Description

The District participates in an agent multiple-employer OPEB plan. In accordance with RCW 41.05.085 and RCW 41.05.022, eligible District retirees and spouses are entitled to subsidies associated with post-employment health benefits provided through PEBB. PEBB was created within the Washington State Health Care Authority to administer medical, dental, and life insurance plans for public employees and retirees. The District began participation in the plan on January 1, 2017, and ceased participation as of January 1, 2018.

Benefits Provided

The subsidies provided by PEBB include the following:

- Explicit medical subsidy for post-65 retirees and spouses
- Implicit medical subsidy
- Implicit dental subsidy

The explicit subsidies are monthly amounts paid per post-65 retiree and spouse. As of the valuation date, the explicit subsidy for post-65 retirees and spouses is the lesser of \$150 or 50% of the monthly premiums. As of January 1, 2019, the subsidy will be increased to \$168 per month. The retirees and spouses currently pay the premium minus \$150 when the premium is over \$300 per month and pay half the premium when the premium is lower than \$300 per month.

The implicit medical subsidy is the difference between the total cost of medical benefits and the premiums. For pre-65 retirees and spouses, the retiree pays the full premium amount, but that amount is based on a pool that includes active employees, who can be expected to have lower average health costs than retirees. For post-65 retirees and spouses, the retiree does not pay the full premium as a result of the subsidy discussed above.

There were a total of 432 active plan members as of December 31, 2017. The membership included 418 active plan members and 14 inactive employees or beneficiaries currently receiving benefit payments. The District left the PEBB plan during 2018, and the employee benefit plan, which its employees now participate in does not offer postretirement benefits and is not subject to GASB 75. Therefore, there were no active members as of December 31, 2018.

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB (Continued)

Total OPEB Liability

The District left the PEBB plan during 2018 and the employee benefit plan that its employees now participate in does not offer postretirement benefits and is not subject to GASB 75. Therefore, the OPEB plan was completely eliminated as of December 31, 2018, and there is no further liability.

	2017
Total OPEB liability	\$ 6,489,463
Covered employee payroll	N/A
Total OPEB liability as a percent of covered employee payroll	N/A

The total OPEB liability was determined by an actuarial valuation as of the valuation date, calculated based on the discount rates below, and then projected to the measurement dates. There have been no significant changes between the valuation date and fiscal year-ends. Covered employee payroll and the total OPEB liability as a percentage of covered employee payroll were not applicable as of the December 31, 2016, measurement date because the District did not begin participation in the PEBB until January 1, 2017.

••	2017
Valuation date	January 1, 2017
Measurement date	December 31, 2016
Discount Rate	

The discount rate was based on the Bond Buyer General Obligation 20-bond municipal bond index for bonds that mature in 20 years.

	2017
Discount rate	3.78%
20-year tax-exempt municipal bond yield	3.78%

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB (Continued)

Actuarial Assumptions

The total OPEB liability in the January 1, 2017, actuarial valuation was determined using the following actuarial assumptions and other inputs, applied to all periods including the measurement, unless otherwise specified:

Census date	January 1, 2017
Price inflation	3.00%
Salary increase	3.75%
Actuarial cost method	Entry Age

Demographic Assumptions

Demographic assumptions regarding retirement, mortality, turnover, and marriage are based on assumptions used in the 2017 actuarial valuation of the Washington State Public Employee Retirement System (PERS) and modified for the District.

The assumed disability rates under PERS Tiers 2 and 3 from the 2017 actuarial valuation are less than 0.1% for ages 50 and below and continue to be low after that. The disability rate was assumed to be 0% for all ages.

For service retirement, post-2013, Plans 2 and 3 were used, with less than 30 years of service assumptions from the 2017 actuarial valuation for PERS.

For mortality, the assumptions from the 2017 actuarial valuation for PERS (RP-2000 base mortality table, adjusted by minus one year for both males and females, with generational mortality adjustments using projection scale BB) were used.

For other termination of employment, the assumptions from the 2017 actuarial valuation for PERS were used, but no less than 2% per year.

Retirement eligibility: Members are eligible for service retirement at age 55 with 20 years of service or age 65 with 5 years of service.

Election assumption: Forty percent of members are assumed to elect medical benefits upon retirement. Forty percent of members are assumed to elect dental benefits upon retirement.

Election assumption (spouses): Forty-five percent of members are assumed to enroll eligible spouses as of the retirement date.

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB (Continued)

Demographic Assumptions (Continued)

Medicare coverage: One hundered percent of members are assumed to enroll in Medicare, once eligible, after initial participation.

Spouse age: A male member is assumed to be three years older than his spouse, and a female member is assumed to be one year younger than her spouse.

Selection of carrier: All current and future retirees who elect medical and dental coverage are assumed to elect carriers based on the weighted average of selection of carriers by PEBB retirees.

Changes in Total OPEB Liability

		2017
Beginning-of-year balance	\$	6,065,011
Changes for the year:		
Service cost		533,983
Interest on total OPEB liability		235,162
Effect of assumptions changes or inputs		(320,804)
Benefits paid		(23,889)
Effect of plan changes	······································	-
End-of-year balance	\$	6,489,463

Sensitivity Analysis

The following presents the total OPEB liability of the District, as of the measurement date, calculated using the discount rate of 3.78% as well as what the Hospital's total OPEB liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate.

······	2017
1% decrease	2.78%
Total OPEB liability	\$ 8,200,005
Discount rate	3.78%
Total OPEB liability	6,489,463
1% increase	4.78%
Total OPEB liability	5,190,973

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB (Continued)

Sensitivity Analysis (Continued)

The following presents the total OPEB liability of the District, as of the measurement date, calculated using the current health care cost trend rates as well as what the District's total OPEB liability would be if it were calculated using trend rates that are one percentage point lower or one percentage point higher than the current trend rates.

	 2017
1% decrease	\$ 5,001,203
Current trend rate	6,489,463
1% increase	8,559,232

OPEB Expense

OPEB expense recognized for the year ended December 31, 2017, was \$742,187, which was included in the employee benefits in the statements of revenues, expenses, and changes in net position.

Schedule of Deferred Inflows and Deferred Outflows of Resources

At December 31, 2017, deferred inflows and outflows of resources were as follows:

	Deferred Inflows of Resources	Deferred Outflows of Resources
Changes of assumptions or inputs	\$ (293,846)	\$

Economic/demographic (gains) losses and assumption changes or inputs are recognized over the average remaining service life for all active and inactive members.

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB (Continued)

Schedule of Deferred Inflows and Deferred Outflows of Resources (Continued)

Other amounts currently reported as deferred outflows of resources and deferred inflows of resources related to other post-employment benefits will be recognized in OPEB expense during the years ending December 31 as follows:

2018	\$ (26,958)
2019	(26,958)
2020	(26,958)
2021	(26,958)
2022	(26,958)
Thereafter	(159,056)

Note that additional future deferred inflows and outflows of resources may impact these numbers.

Health Cost Trend

The health cost trend assumptions used in this valuation, assumed for both current and future retirees, are as follows:

Year	Pre-65	Post-65
2018	6.70%	7.40%
2019	7.00%	7.40%
2020	5.50%	5.40%
2025	5.90%	5.60%
2035	6.60%	5.80%
2045	6.20%	5.70%
2055	5.90%	6.00%
2065	5.60%	5.60%
2075	4.80%	5.00%
2085	4.80%	4.90%
2095+	4.80%	4.90%

Notes to Financial Statements

Note 10: Other Post-Employment Benefits - OPEB (Continued)

2017 Premium Levels

The 2017 assumed annual medical retiree contributions used in the valuation are displayed below. These represent a weighted average of 2017 PEBB retiree contributions by medical plan, based on overall PEBB current retiree medical plan elections. These contributions are assumed for both current retirees and future retirees. Contributions are the same for retirees and spouses of retirees. The contributions exclude the administration charge, the state surcharge reduction, the Limeade administration charge, the Consumer Directed Health Plan employer contribution, the health savings account (HSA) administration fee, and the HSA wellness fee, since these are direct pass-through expenses that are 100% paid by retirees.

	Subscriber or Spouse		
Medical Plan	Non-Medicare	Medicare	
Weighted average based on current PEBB retirees	\$ 7,414.96	\$ 2,631.95	

The 2017 assumed annual dental retiree contributions are displayed below. These represent a weighted average of 2017 PEBB retiree contributions by dental plan, based on overall PEBB current retiree dental plan election. These contributions are assumed for both current retirees and future retirees.

Dental Plan	Su	bscriber	Spouse
Weighted average based on current PEBB retirees	\$	535.90	\$ 542.79

Participant Averages

The following participant data as of the valuation date was used:

	Attained		
	Hire	Valuation	Count
Actives Retirees	34.3 N/A	43.9 66.4	418 9

Notes to Financial Statements

Note 11: Retirement Plan

The District provides a deferred compensation 457(b) plan for District employees to defer eligible compensation, up to certain limitations. For the year ended December 31, 2018, employees could voluntarily contribute, through salary reductions, up to \$18,000 of their annual wages. Employee contributions are always 100% vested. For those employees participating in the 457(b) plan, the District may contribute on behalf of the employee 4.45% of the first \$1,000 of monthly earnings, 8.87% of monthly earnings in excess of \$1,000, and \$0.42 per year of service under a plan qualified under Internal Revenue Code Section 401(a). To qualify for contributions made on behalf of the employee by the District, employees must contribute at least 3% of their earnings to the 457(b) plan, and their annual compensation is limited to \$265,000. The District's contributions are 100% vested after three years. Pension expense totaled approximately \$2,275,000 and \$2,085,000 for the years ended December 31, 2018 and 2017, respectively.

Note 12: Concentration of Credit Risk

Financial instruments that potentially subject the District to credit risk consist principally of accounts receivable and cash deposits in excess of insured limits in financial institutions. See Note 3 for more details regarding cash, cash equivalents, and investments.

Patient accounts receivable consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for health care provided to the patients. The majority of the District's patients are from Grant County, Washington, and the surrounding area.

The mix of receivables from patients and third-party payors was as follows at December 31:

	2018	2017
Medicare	22 %	22 %
Medicaid	21 %	25 %
Commercial and other third-party payors	31 %	28 %
Self-pay	26 %	25 %
Total	100 %	100 %

Custodial credit risk is the risk that, in the event of a bank failure, the District's deposits may not be returned. The District has a collateralization agreement with a bank that mitigates custodial credit risk. These deposits, at times, exceed the federally insured limits of \$250,000 per financial institution for demand deposits and an additional \$250,000 per financial institution for time deposits. Deposits exceeding federally insured limits were protected by provisions of RCW 39.58 based on the financial institution's status, determined by the Public Deposit Protection Commission.

Grant County Public Hospital District No. 1 DBA Samaritan Healthcare

Notes to Financial Statements

Note 13: Risk Management

Medical Malpractice Coverage

The District has professional and general liability insurance coverage for medical malpractice claims through a multi-employer Captive Insurance Company ("Captive"). Captive provides coverage on a claims-made basis, subject to a limit of \$1,000,000 per claim with an annual aggregate limit of \$3,000,000 for professional coverage and \$1,000,000 for general coverage. The deductible is \$25,000. There is also a shared buffer limit of \$5,000,000 per claim and an annual aggregate limit of \$5,000,000 per claim and an annual aggregate limit of \$5,000,000. Additional excess coverage of \$4,000,000 per occurrence and an annual aggregate limit is provided and is in a separate policy with Homeland Insurance Company. There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents arising from services provided to patients that may be asserted. Accrued malpractice losses, in management's opinion, provide an adequate reserve for loss contingencies.

Contingencies

The District is involved in claims arising in the course of business. Based on the status of claims and insurance coverage available, management estimates these claims will be resolved without material adverse effect on the District's future financial position or results from operations.

Health Care Reform

As a result of recently enacted federal health care reform legislation, substantial changes in the United States' health care system are anticipated. Such legislation includes numerous provisions affecting the delivery of health care services, the financing of health care costs, reimbursement of health care providers, and the legal obligations of health insurers, providers, and employers. These provisions are currently slated to take effect at specified times over approximately the next decade. The federal health care reform legislation does not affect the financial statements for the years ended December 31, 2018 and 2017.

Note 14: Charity Care

The District provides health care services and other financial support through various programs that are designed, among other matters, to enhance the health of the community, including the health of low-income patients. Consistent with the mission of the District, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care based on criteria defined in the District's charity care policy. The District maintains records to identify and monitor the level of charity care it provides. The amount of charges foregone for services and supplies furnished under the District's charity care policy aggregated \$3,319,907 and \$2,636,350 for the years ended December 31, 2018 and 2017, respectively.

Grant County Public Hospital District No. 1 DBA Samaritan Healthcare

Notes to Financial Statements

Note 14: Charity Care (Continued)

The estimated cost of providing care to patients under the District's charity care policy aggregated approximately \$1,100,000 in 2018 and \$874,000 in 2017. The cost was calculated by multiplying the ratio of cost to gross charges for the District by the gross uncompensated charges associated with providing charity care.

Note 15: Functional Expenses

The District provides general health care services to residents within its geographic location. Expenses related to providing these services were as follows:

Years Ended December 31,	2018	2017
Health care services Management and administration	\$ 69,200,335 \$ 16,186,969	63,397,381 15,114,345
Total expenses	\$ 85,387,304 \$	78,511,726

Required Supplementary Information

Grant County Public Hospital District No. 1 DBA Samaritan Healthcare

Schedule of Changes in Total Other Post-Employement Benefits and Related Ratios

Years Ended December 31,	2018		2017
Total OPEB liability service cost	NI / A	ć	533.003
Interest	N/A N/A	\$	533,983 235,162
Changes of assumptions or other inputs	N/A		(320,804)
Benefit payments	N/A		(23,889)
Net change in total OPEB liability	N/A		424,452
Total OPEB liability - Beginning	N/A		6,065,011
Total OPEB liability - Ending	N/A	\$	6,489,463
Plan fiduciary net position	N/A	\$	-
Net OPEB liability	N/A		÷.
Plan fiduciary net position as a percentage of total OPEB liability	N/A		0 %
Covered-employee payroll	N/A	\$	32,893,620
Total OPEB liability as a percentage of covered-employee payroll	N/A		19.73 %

*This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the District will present information for available years.

Changes in benefit terms - There were no applicable changes during the period.

Changes of assumptions - Changes of assumptions and other inputs reflect the effects of changes in the discount rate each period. The discount rate changed from 3.57% in 2016 to 3.78% in 2017. Because this is a newly-adopted standard, a full 10-year trend is not available.

Note: The District left PEBB during 2018. The employee benefit plan that its employees now participate in does not offer postretirement benefits and is not subject to GASB 75.

WIPFLi

Independent Auditor's Report on Internal Controls Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Commissioners Grant County Public Hospital District No. 1 DBA Samaritan Healthcare Moses Lake, Washington

We have audited, in accordance with auditing standards generally accepted in the United States and the standards applicable to financial statements contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Grant County Public Hospital District No. 1 DBA Samaritan Healthcare (the "District"), which comprise the statement of net position as of December 31, 2018, and the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated July 22, 2019.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

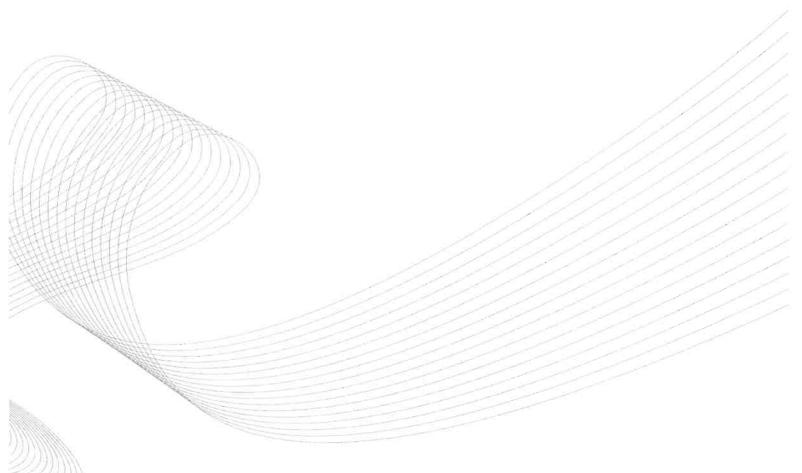
Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of District'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 District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Wigger LLP

Wipfli LLP

July 22, 2019 Spokane, Washington



Report of Independent Auditors and Financial Statements for

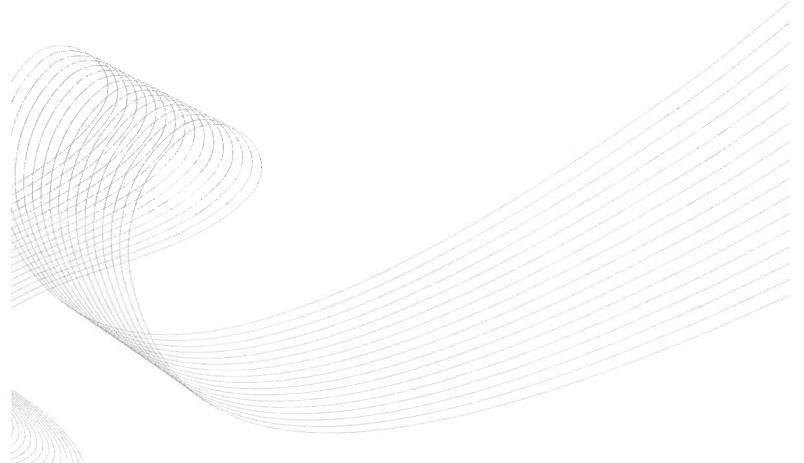
Grant County Public Hospital District No. 1 dba Samaritan Healthcare

December 31, 2016 and 2015



Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.



Report of Independent Auditors and Financial Statements for

Grant County Public Hospital District No. 1 dba Samaritan Healthcare

December 31, 2016 and 2015



Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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REPORT OF INDEPENDENT AUDITORS

To the Board of Commissioners Grant County Public Hospital District No. 1 dba Samaritan Healthcare

Report on Financial Statements

MOSS-ADAMS

We have audited the accompanying financial statements of Grant County Public Hospital District No. 1 dba Samaritan Healthcare (the District), which comprise the statements of net position as of December 31, 2016 and 2015, and the related statements of revenues, expenses, and changes in net position, and statements of cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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





Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of December 31, 2016 and 2015, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the accompanying *Management's Discussion and Analysis* on pages 3 through 21 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the *Governmental Accounting Standards Board* who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Joss Adams LLP

Yakima, Washington May 2, 2017

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE

Management Discussion and Analysis

December 31, 2016 and 2015 (Unaudited)

The following discussion and analysis provides an overview of the financial position and activities of Grant County Public Hospital District No. 1, dba Samaritan Healthcare (Samaritan) for the years ended December 31, 2016, 2015, and 2014. This discussion has been prepared by management and is designed to focus on current activities, resulting changes, and current known facts and should be read in conjunction with the financial statements and accompanying notes.

Using the Financial Statements

Samaritan's financial statements consist of three statements: Statements of Net Position, Statements of Revenues, Expenses and Changes in Net Position, and Statement of Cash Flows. These financial statements and related notes provide information about the activities of Samaritan Healthcare, including resources held by Samaritan but restricted for specific purposes by contributors, grantors, or enabling legislation.

The Statements of Net Position include Samaritan's assets and liabilities using the accrual basis of accounting. The statements of net position allow the reader to evaluate the capital structure and assess the liquidity and financial flexibility of Samaritan.

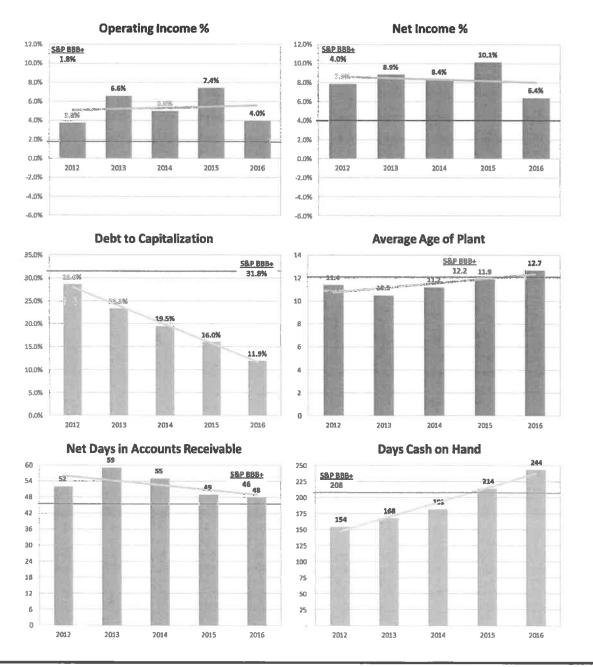
The Statements of Revenues, Expenses and Changes in Net Position is another way to assess the financial health of Samaritan and whether the organization has been able to recover all of its costs through net patient services revenue and other revenue sources.

The Statements of Cash Flow reports the cash provided by Samaritan's operating activities as well as other cash sources and uses, such as the levy, principal payments, investment income, and capital additions and improvements. These statements provide information on how Samaritan's cash was generated and what it was used for.

The Core Financial Ratios

Samaritan annually prepares a long range financial plan and has defined six financial ratios to track monthly and report out at the board level against the Standard and Poors (S & P) "BBB+" bond rating metrics. For comparative purposes, FASB accounting rules and definitions were used.

The operating performance in 2016 was strong against the benchmarks as is displayed in the operating and net income charts. The 2016 statement of net position ratios are similarly strong in comparison to the prior years, as well as to the benchmark metrics.



Results of Operations for Fiscal Year 2016

<u>Operating Income</u>. 2016 Operating Income was \$3.0M, 47% below the prior year operating income of \$5.6M and represents a 4.0% operating income percentage which compares favorably against the S & P "BBB+" rated benchmark of 1.8%.

The net operating income was driven by increased surgical, and ED volumes offset by payer mix degradation, reduced third party payer payments, and below target primary care volumes. In 2015, working with DZA consultants, Samaritan Healthcare established discrete annual reserves for the Certified Public Expenditure (CPE) program and in 2016, also working with DZA consultants, Samaritan Healthcare established discrete annual reserves relating to Rural Health Clinic (RHC) receivables and payables for fiscal years 2011-2016 and was recorded as a change in estimate in the current year. The net operating impact of the RHC and CPE reserve adjustments in 2016 was in excess of (\$3.7M).

<u>Net Income</u>. 2016 Net Income was \$4.8M, \$2.8M below the prior year net income of \$7.6M and represents a 6.4% net income percentage which compares favorably against the S & P "BBB+" rated benchmark of 4.0%.

	Year Ended December 31,		
	2016	2015	2014
Operating Revenues			
Net patient service revenue	\$ 71,973,963	\$ 72,936,664	\$ 66,621,017
Other	2,778,917	2,355,136	2,646,210
Total operating revenues	74,752,880	75,291,800	69,267,227
Operating Expenses			
Salaries and wages	32,870,850	32,061,377	31,214,278
Purchased services	7,523,740	7,361,896	6,046,730
Supplies	10,835,151	9,170,214	8,661,382
Employee benefits	8,726,646	8,640,751	7,597,498
Professional fees	4,082,862	4,029,431	4,583,173
Depreciation	4,168,343	4,185,169	4,132,982
Other	1,584,273	1,921,917	1,472,663
Rentals and leases	850,680	785,097	751,700
Insurance	518,653	804,231	598,289
Total operating expenses	71,161,198	68,960,083	65,058,695
Operating gain	3,591,682	6,331,717	4,208,532
Nonoperating revenues (expenses)			
Property taxes	2,219,717	1,932,919	1,860,323
Noncapital contributions	41,271	41,607	39,839
Investment income (loss)	172,543	115,668	415,459
Interest and amortization	(582,453)	(658,214)	(741,220)
Gain (loss) on disposal of property	(756,876)	(144,704)	14,750
Total nonoperating revenues (expenses)	1,094,202	1,287,276	1,589,151
Excess of revenues over expenses before			
capital contributions	4,685,884	7,618,993	5,797,683
Capital contributions	105,000	6,045	144,485
Change in net position	4,790,884	7,625,038	5,942,168
Net position, beginning of year	61,354,038	53,729,000	47,786,832
Net position, end of year	\$ 66,144,922	\$ 61,354,038	\$ 53,729,000

Statement of Revenues, Expenses, and Changes in Net Position

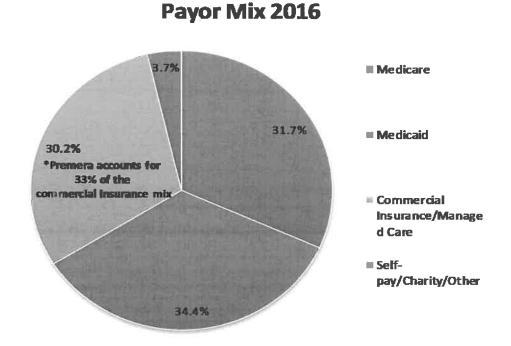
<u>Volume</u> – Inpatient discharges were 2,906 in 2016, 3.1% above the 2015 discharges of 2,818 and 3.0% above the 2014 discharges of 2,820. Patient days were 8,266 for 2016, 5.2% above the 2015 patient days of 7,855, and 3.0% above the 2014 patient days of 8,026. ED visits were 19,847, 1.9% above the prior year and 12.8% above the 2014 visits of 17,593. Primary care visits totaled 19,723, 15.3% below the 2015 visits of 23,288 and 14.3% above the 2014 visits. The decrease in primary care visits was attributable to provider turnover, new providers with start-up level productivity, and the Epic ambulatory installation that reduced productivity in the short run.

	· · · · ·		
	12/31/16	12/31/15	12/31/14
OB Discharges	1,032	1,060	1,085
Other Discharges	1,874	1,758	1,735
Total Discharges	2,906	2,818	2,820
Total Patient Days	8,266	7,855	8,026
Surgical Cases	3,770	3,334	3,838
ED Visits	19,847	19,468	17,593
Primary Care Visits	19,723	23,288	23,009

<u>Operating Revenues</u> – The most significant source of Operating Revenues for the District is net patient service revenue.

	12/31/16	12/31/15	12/31/14
	(000 omit)	(000 omit)	(000 omit)
Net Pt Services Revenue	71,974	72,937	66,621
Other	2,730	2,269	2,646
Operating Revenue	74,704	75,206	69,267

Net patient service revenue decreased \$(963K), (1.3)% in 2016. The decrease in net patient service revenue was driven by increases in volumes in several key areas and the net negative impact of recording six years of rural health clinic receivables and payables. The net negative impact of RHC and CPE adjustments was in excess of \$3.7M in 2016.

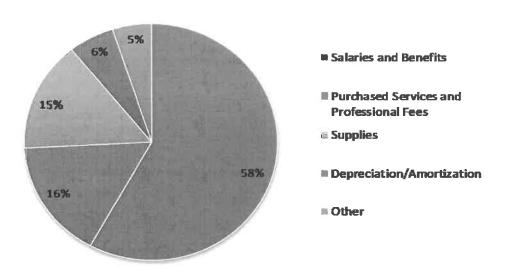


In January 2014, the Washington State Medicaid Program was expanded which significantly increased the number of Medicaid enrollees receiving benefits. Fiscal year 2016 was the third full year of the expansion and we saw a moderate growth in the Medicaid population while generally maintaining the relatively low levels of charity and bad debt that we have experienced since the start of the Affordable Care Act (ACA).

The President of the United States has expressed his intent to "repeal and replace" the ACA. At present the "repeal" part of the proposal is all that has been published, which makes it impossible to assess the impact of the President's proposal.

See Footnote 12, "Net Patient Service Revenue"

<u>Operating Expenses</u> – Total operating expenses for 2016 were \$71.7M, which includes \$582K of interest and amortization expense, which is classified as non-operating expense per GASB accounting rules. Total operating expenses are \$2.1M, 3.10% over the prior year and \$5.9M, 9.0% over 2014.



Total Operating Expenses 2016 (000 omit)

Total Expenses \$71,744

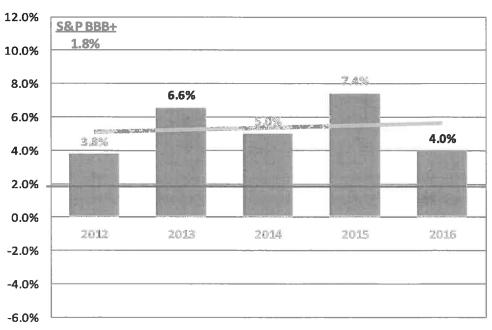
	12/31/16 (000 omit)	12/31/15 (000 omit)	12/31/14 (000 omit)
Salaries and Benefits	41,597	40,702	38,812
Purchased Services and Professional Fees	11,607	11,391	10,630
Supplies	10,835	9,170	8,661
Depreciation/Amortization	4,168	4,185	4,133
Other	3,536	4,169	3,564
Total Expenses	71,744	69,618	65,800

Salaries and Benefits totaled \$41.6M, increased \$.9M, 2.2% over 2015 and \$2.8M, 7.2% over 2014 and comprise 58% of total expenses in 2016. FTEs were 435 in 2016, 429 in 2015, and 420 in 2014.

Purchased Services and Professional Fees comprise 16.3% of total expenses totaled \$11.6M and increased \$.2M, 2.0% in 2016 over 2015 and \$.98M, 9.2% over 2014.

Supplies totaled \$10.8M, increased \$1.7M, 18.2% in 2016 over 2015 and comprise 15.2% of total expenses. Supply expense increase was largely attributable to the increase in surgical case volumes.

Operating Income – Operating Income continued the strong operating result trend which began in 2012.



Operating Income %

	12/31/16	12/31/15	12/31/14
	(000 omit)	(000 omit)	(000 om it)
Operating Income	2,961	5,588	3,467
Operating Income %	4.0%	7.4%	5.0%
S&P "BBB+" Benchmark	1.80%		

<u>Non-Operating Income</u> – Non-Operating Income is driven principally by the Property Tax Levy and Investment Income.

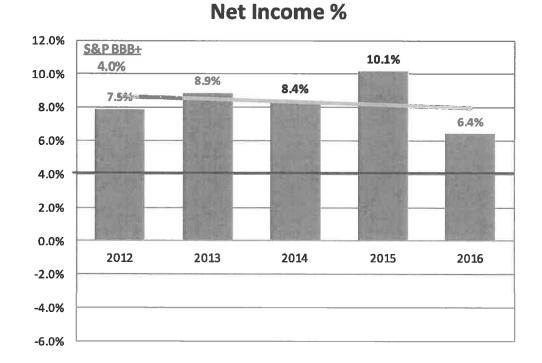
	12/31/16	12/31/15	12/31/14
	(000 omit)	(000 omit)	(000 omit)
Property Tax Levy	2,220	1,933	1,860
Investment Income	173	116	415
Other	(562)	(11)	55
	1,830	2,037	2,330

The property tax levy budgeted 101% of the prior year's property tax levy for 2016, 2015, and 2014. The 2016 levy was \$2.22M, the 2015 levy was \$1.93M and the 2014 levy was \$1.86M. Bonds are secured by the County's power to levy a limited tax on ad valorem property at a maximum rate of 0.75 cents per \$1,000 of assessed value; the current rate is 0.50.

Investments of the District cash is highly restricted and prescribed by State regulation. Investments are in a variety of instruments including federal, state and local government certificates, notes or bonds, the Washington State Local Government Investment Pool, savings accounts in qualified public depositories, and certain other investments.

The District invested significant consulting and purchase service resources in the Ambulatory Epic installation and activities related to the affiliation discussions with Confluence Health for \$746K in 2016.

See Footnote 2, "Property Taxes" and Footnote 4, "Deposits & Investments"

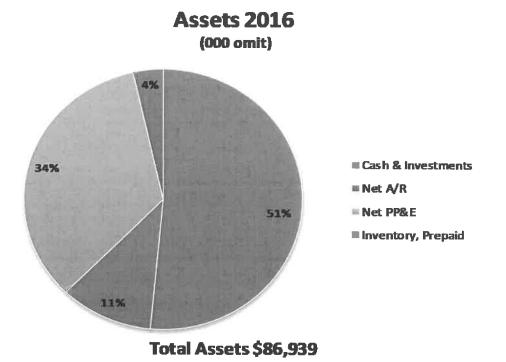


<u>Net Income</u> – Net income in 2016 continued the excellent results in evidence since 2012.

Assets and Changes in Net Position (Balance Sheet)

Overall, the District's financial position has improved significantly as a result of the past five years' operations

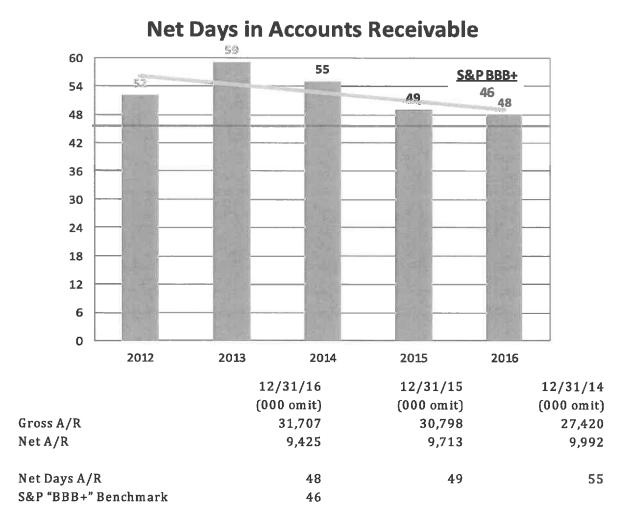
	Year Ended December 31,			
	2016	2015	2014	
ASSETS				
Current assets	\$ 23,926,085	\$ 26,542,263	\$ 23,817,752	
Assets limited or restricted as to use	33,847,768	25,366,417	20,274,290	
Capital assets, net	29,667,124	27,857,883	29,359,333	
Other noncurrent assets	182,676	182,676	182,676	
TOTAL ASSETS	\$ 87,623,653	\$ 79,949,239	<u>\$ 73,634,051</u>	
LIABILITIES				
Current liabilities	\$ 12,245,480	\$ 7,234,114	\$ 6,625,597	
Estimated malpractice costs	841,000	1,100,000	1,100,000	
Long-term debt and capital lease				
obligations, less current maturities	8,392,251	10,261,087	12,179,454	
Total liabilities	21,478,731	18,595,201	19,905,051	
NET POSITION				
Net investment in capital assets	19,364,393	15,659,070	15,225,036	
Restricted for:				
Debt service	4,053,316	1,850,042	1,901,688	
Nonexpendable permanent endowment	689,843	689,843	689,843	
Unrestricted	42,037,370	43,155,083	35,912,433	
Total net position	66,144,922	61,354,038	53,729,000	
TOTAL LIABILITIES AND NET POSITION	\$ 87,623,653	\$ 79,949,239	\$ 73,634,051	



Assets – The District's total assets totaled \$86.9M, \$80.2M and \$73.0M at December 31, 2016, 2015 and 2014, respectively. The asset base increased \$6.7M, 8.3% in 2016 over 2015 and 19.0% since 2014.

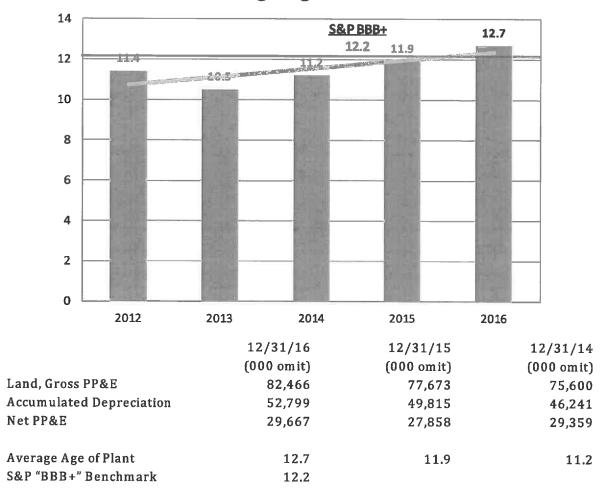
Assets consist of Cash and Investments, Net Patient Accounts Receivable valued at the estimated net realizable amount due from patients and insurers, Inventory, Prepaid Expenses, Capital Assets, and Other. Capital assets are stated at historical cost. All capital assets other than land are depreciated or amortized (in the case of capital leases) by the straight-line method using the AHA guide to establish their useful lives.

The composition of the assets improved in 2016 due to the strong net income, the relatively low capital investments in the 2016 and 2015 years, and the improved collections of the accounts receivable.



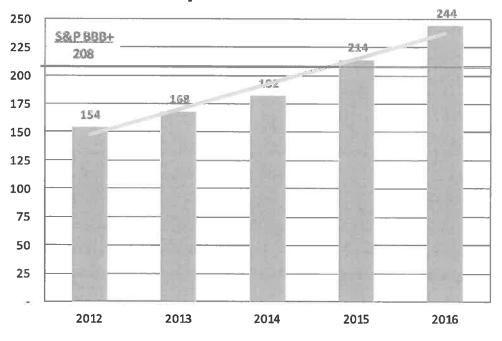
The District successfully converted to ICD-10 in the fall of 2015. In anticipation of the possible increase in accounts receivable due to issues with the conversion, the District made a concerted effort to bring down the days in accounts receivable prior to the go-live. In 2016 this reduction in accounts receivable was maintained and improved upon. The clinics converted to Epic in the spring of 2016 which caused a temporary increase in accounts receivable which was worked down successfully by fiscal year end.

See Footnote 6 - "Accounts Receivable and Payable"



Average Age of Plant

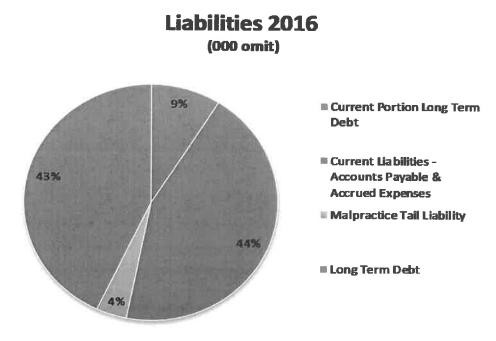
See Footnote 7 - "Capital Assets"



Days Cash on Hand

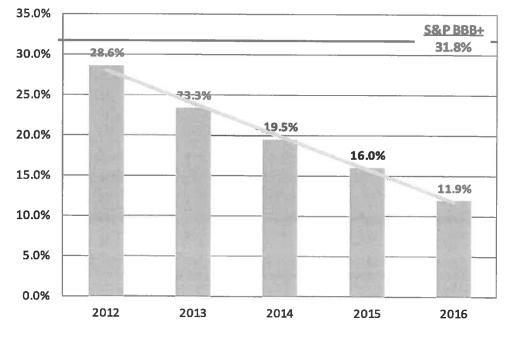
Cash increased significantly in 2016 and 2015 due to strong net income, relatively low capital spending and the reduction in days in accounts receivable. There was no new long term debt incurred in this time period.

Liabilities – The District's liabilities totaled \$21,483,889, \$19,583,262 and \$19,996,303 at December 31, 2016, 2015, and 2014 respectively.



Total Liabilities \$21,484





	31/2016)0 omit)	31/2015 00 omit)	12/31/2014 (000 omit)
Current Portion Long-Term Debt	\$ 1,910	\$ 1,938	1,955
Current Liabilities - Accounts Payable			
and Accrued Expenses	9,494	5,296	4,671
Malpractice Tail Liability	841	1,100	1,100
Long-Term Debt	9,238	10,261	12,179
Total Liabilities	21,483	18,595	19,905
Debt to Capitalization	11.9%	16.0%	19.5%
S&P "BBB+" Benchmark	34.0%		

The decrease in the liabilities is due to the absence of new debt and the scheduled annual payments on Samaritan Healthcare's existing long-term debt. See Footnote 8, "Long-term Liabilities" of the financial statements for additional information related to the long-term debt and capital lease obligations.

<u>Net Position</u> – Total Net Position for 2016 increased \$4.8M, 7.9% over 2015 and \$12.4M or 23.4% since 2014.

Statement of Cash Flows

	Year Ended December 31,			
	2016	2016 2015		
Operating activities	\$ 13,284,205	\$ 10,768,411	\$ 8,399,922	
Capital, non-capital, and related financing activities	(6,847,007)	(3,441,550)	(5,107,689)	
Investing activities	(8,691,312)	(4,924,813)	51,717	
NET INCREASE IN CASH AND CASH EQUIVALENTS	(2,254,114)	2,402,048	3,343,950	
CASH AND CASH EQUIVALENTS, beginning of year	13,165,316	10,763,268	7,419,318	
CASH AND CASH EQUIVALENTS, end of year	\$ 10,911,202	\$ 13,165,316	\$ 10,763,268	

A major source of funds included in the operating activities is cash received from patients and third parties of \$72.2M, \$73.2M, and \$66.6M for the years ended December 31, 2016, 2015, and 2014 respectively. The largest cash payments for operating activities were \$41.6M, \$40.7M in 2016 and 2015, and \$38.8M in 2014 for salaries and benefits. The second largest cash payments were for purchased services and professional fee activities were \$11.6M, \$11.4M, and \$10.6M. Cash used for capital and related financial activities is primarily expended on capital assets, and principal and interest payments on outstanding debt.

Economy and Other Factors

There are many significant factors affecting the financial performance of healthcare providers:

- The District is located in central Washington, 100 miles west of Spokane. The District covers about 35% of Grant County, including Moses Lake, Washington. The District's population is approximately 57,000, but the hospitals total service area covers over 90,000 residents. Although the local economy is concentrated in agriculture, Grant County unemployment was (non-seasonally adjusted) 7.6% for 2016. That is compared to a Washington State (non-seasonally adjusted) unemployment rate of 5.4%.
- <u>Leadership Turnover and Senior Leadership Organization</u> The Board of Commissioners appointed the Chief Operating Officer as the new Chief Executive Officer effective September 2015. The Senior Leadership Team now consists of a Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Nursing Officer/Chief Quality Officer, Chief Human Resources Officer, and Chief Medical Officer. Assignments are underway to reallocate and refocus to address the shift from volume to value.
- <u>Patient Safety and Value Focus</u>. The District has significantly increased its focus and execution on patient safety and patient satisfaction by appointing a Chief Nursing Officer/Chief Quality Officer, a Quality Director, and staffing the data analytics supporting these functions. Further, the District has appointed a Director of Patient Experience to work directly on the service elements that directly affect patient and family satisfaction.
- <u>Demand for Services</u> Demand for Services in the District's service area has both positive and negative inputs. The volumes are likely to increase in the future due to the aging of the population and continued growth of the population and industries in Grant County. Grant County and the Moses Lake area continue to attract light and heavy industries to the area. Samaritan Healthcare has become very involved with the Grant County Economic Development Council and the Moses Lake Chamber of Commerce to better understand the healthcare and services needs of new employers and their employees. The CEO for Samaritan Healthcare is the Vice President of the Grant County Economic Development Council.

Samaritan Healthcare is also impacted by the state and national drives to reduce readmissions and push end of life care out of the hospital as well as to manage population health which should have the effect of reducing use rates.

• <u>Strategic Plan</u>. The District is in the process of updating its strategic plan. The plan will address the strategic and operational adjustments that the District must make in its shift from volume to value.

There is considerable outmigration of low acuity clinical services in Grant County principally to providers in Wenatchee and Spokane. The shortage of primary care, internal medicine, and specialty providers, including cardiology, oncology, general, and orthopedic surgery in Grant County continues to be the largest factor hindering growth. One of the priorities of the strategic plan will be enhanced primary and specialty care provider recruitment as a means of reducing the outmigration of patients due to provider availability. Caring for the patients in the local community is a clear priority.

• <u>The Affordable Care Act</u> - The Patient Protection and Affordable Care Act (ACA) was enacted in 2010. Some of the provisions of the Act took effect immediately but other components will be phased from a few months to ten years following approval. The healthcare industry has been and will continue to be subject to significant new statutory and regulatory requirements and contractual terms and conditions and consequently to structural and operational changes for a substantial period of time.

One of the most significant provisions of the ACA is the Medicaid Expansion and Health Insurance Exchange Programs which have provided coverage for some of the uninsured and have reduced charity care and bad debts.

Medicare Reimbursement Incentives and Reductions – The ACA is in part funded by payment redistributions and outright reductions.

- Since 2010, the market basket updates/adjustments have been reduced through a "productivity adjustment factor"
- o Starting in 2013, Medicare Disproportionate Share hospital payments have been reduced.
- Starting in 2012, payments have been reduced for hospitals with high rates of preventable readmissions. In 2014, the reductions were expanded to include hospital acquired conditions.

The hospital's management has analyzed the ACA and will continue to assess the effects of the legislation and evolving regulations on current and projected operations, financial performance and financial condition. The President of the United States has expressed his intent to "repeal and replace" the ACA. At present the "repeal" part of the proposal is all that has been published, which makes it impossible to assess the impact of the President's proposal.

- <u>Medicare Regulations</u> A growing deficit may increase pressures to reduce reimbursement to providers. The risk to hospitals is that reimbursement updates will not keep up with inflation. The District has some protection since it is designated as a sole community provider and has in the short term several favorable provisions in the Medicare regulations.
- <u>Medicaid Reimbursement</u> The District's reimbursement from Medicaid is currently at 64% of allowed costs. The fact that the state of Washington pays 36% less than the cost of providing the services to Medicaid patients creates a financial challenge to subsidize that shortfall from other payers. The state of Washington continues to evaluate different methodologies to reimburse hospitals at lower rates to meet their overall budget challenges. The District is monitoring and evaluating those methodologies closely.
- <u>Information Systems</u> A key element of the strategic plan is the development of a long-range Information Systems Plan. The goal is to provide more current and accurate information to physicians and caregivers to help treat our patients more timely and efficiently across the continuum of care.
- <u>Labor Availability</u> Many hospitals across the country are experiencing difficulty in filling positions, especially in primary care, nursing, pharmacy, and imaging. The District is experiencing few shortages in healthcare labor and is generally able to successfully recruit clinical positions including physicians, nurses, and other technical positions.

- <u>Hospitalist Program</u> The District utilizes a Hospitalist Program with the objective of improving quality of care, improving resource utilization (reduced length of stay and cost per case), growing hospital admissions, enhancing physician retention/recruitment, and assuring compliance with CMS Core Measures. This program is jointly managed by Confluence Health. This program now cares for the majority of the District's acute care inpatients.
- <u>Emergency Physicians</u> Since 2013, Samaritan Healthcare has contracted with Wenatchee Emergency Physicians to provide professional emergency services to Samaritan's Emergency Department. The Emergency physicians work closely with the hospitalists on care coordination from the Emergency Department to the acute and advanced care units. The Emergency physicians are working on an incentive compensation model in 2017 which will reward pre-defined quality and patient safety metrics.
- <u>Employed Physician Compensation</u> Samaritan Healthcare's Provider Compensation Plan is based on the following: to fund market based compensation, pay based upon wRVU productivity using the MGMA database as a benchmark, and rewarding providers for improving the quality and satisfaction for the care provided to their patients. The District annually reviews and adjusts the Provider Compensation plan to market and to address the shift from volume to value.
- <u>Pharmaceutical Costs.</u> The District continues to participate in the 340B program in conjunction with local, regional, and national pharmacies that has significantly improved Samaritan Healthcare's drug acquisition cost. The continued escalation in the cost of new drugs remains a challenge to hospitals and a major source of increased costs of health insurance premiums.
- <u>Technology Costs</u> The future advances in new drugs, implantable supplies, and technology, especially in the areas of surgical and imaging services, will be significant. These technologies can lead to significant cost increases for hospitals. The District will continually have to evaluate these technologies and insure that they are reimbursed appropriately from various payers and have a business case for using the service and/or supplies.
- <u>HIPAA</u> The Health Insurance Portability and Accountability Act (HIPAA), among other things, established electronic transaction sets and standards, privacy regulations, and security regulations over patient information and how it is utilized. HIPAA has added a significant cost implication and administrative burden to hospitals. These regulations continue to become more restrictive and create more administrative costs to monitor and implement.

HIPAA imposes civil monetary penalties for violations and criminal penalties for knowingly obtaining or using individually identifiable health information. HIPAA compliance is an integral component of Samaritan Healthcare's compliance workplan.

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE STATEMENTS OF NET POSITION DECEMBER 31, 2016 AND 2015

ASSETS		
	2016	2015
CURRENT ASSETS		
Cash and cash equivalents	\$ 10,911,202	\$ 13,165,316
Assets limited as to use required for current liabilities	952,721	570,217
Patient accounts receivable, net	9,424,925	9,712,640
Due from third-party payor	· , · , · ·	170,000
Inventories, prepaid expenses, and other	2,637,237	2,924,090
Total current assets	23,926,085	26,542,263
ASSETS LIMITED AS TO USE Under trust indenture for bond redemption and interest,		
less amounts required for current liabilities	3,100,595	1,279,825
By Board for capital improvements and other reserves	30,057,330	23,396,749
By donors for endowment	689,843	689,843
	33,847,768	25,366,417
		· · · · · · · · · · · · · · · · · · ·
CAPITAL ASSETS		
Land improvements	542,357	542,357
Buildings	48,310,995	47,518,110
Building service and fixed equipment	3,821,677	3,009,747
Major movable equipment	28,040,159	25,066,869
	80,715,188	76,137,083
Less accumulated depreciation and amortization	52,798,950	49,814,929
	27,916,238	26,322,154
Land	932,777	932,777
Construction in progress	818,109	602,952
	29,667,124	27,857,883
OTHER ASSETS	182,676	182,676
TOTAL ASSETS	\$ 87,623,653	\$ 79,949,239

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE STATEMENTS OF NET POSITION DECEMBER 31, 2016 AND 2015

	2016	2015
CURRENT LIABILITIES Current maturities of long-term debt and capital lease obligations Accounts payable and accrued expenses Accrued interest payable	\$ 1,910,480 10,250,596 84,404	\$ 1,937,726 5,189,137 107,251
Total current liabilities	12,245,480	7,234,114
ESTIMATED MALPRACTICE COSTS	841,000	1,100,000
LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS, less current maturities	8,392,251	10,261,087
Total liabilities	21,478,731	18,595,201
NET POSITION		
Net investment in capital assets Restricted for:	19,364,393	15,659,070
Debt service	4,053,316	1,850,042
Nonexpendable permanent endowment	689,843	689,843
Unrestricted	42,037,370	43,155,083
Total net position	66,144,922	61,354,038
TOTAL LIABILITIES AND NET POSITION	\$ 87,623,653	\$ 79,949,239

LIABILITIES AND NET POSITION

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION YEARS ENDED DECEMBER 31, 2016 AND 2015

OPERATING REVENUES Net patient service revenue (net of provision for bad debts of \$3,443,616 and \$3,065,899, respectively)\$ 71,973,963 2,778,917 2,355,136 74,752,880\$ 72,936,664 2,355,136 75,291,800OPERATING EXPENSES Salaries and wages32,870,850 7,523,74032,061,377 7,523,740 7,543 11,568 6,331,717NONOPERATING GAIN3,591,682 4,331,717NONOPERATING GAIN3,591,682 4,331,717NONOPERATING REVENUES (EXPENSES) Property taxes Noncapital contributions 14,271 41,607 107 107 107 108,000NONOPERATING GAIN3,591,682 4,685,884 7,618,993CAPITAL CONTRIBUTIONS2,219,717 4,685,884 7,618,993CAPITAL CONTRIBUTIONS105,000 4,7625,038 4,685,884 7,618,993CAPITAL CONTRIBUTIONS105,000 4,790,884 7,625,038NET POSITION, beginning of year61,354,038 6,33729,000NET POSITION, end of year\$ 61,354,038 \$ 53,729,000		2016	2015
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Noncapital contributions41,27141,607Investment income172,543115,668Interest and amortization(582,453)(658,214)Loss on disposal of property(756,876)(144,704)Total nonoperating revenues (expenses), net1,094,2021,287,276EXCESS OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS4,685,8847,618,993CAPITAL CONTRIBUTIONS105,0006,045CHANGES IN NET POSITION4,790,8847,625,038NET POSITION, beginning of year61,354,03853,729,000	NONOPERATING REVENUES (EXPENSES)		
Noncapital contributions41,27141,607Investment income172,543115,668Interest and amortization(582,453)(658,214)Loss on disposal of property(756,876)(144,704)Total nonoperating revenues (expenses), net1,094,2021,287,276EXCESS OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS4,685,8847,618,993CAPITAL CONTRIBUTIONS105,0006,045CHANGES IN NET POSITION4,790,8847,625,038NET POSITION, beginning of year61,354,03853,729,000	Property taxes	2.219.717	1.932.919
Investment income172,543115,668Interest and amortization(582,453)(658,214)Loss on disposal of property(756,876)(144,704)Total nonoperating revenues (expenses), net1,094,2021,287,276EXCESS OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS4,685,8847,618,993CAPITAL CONTRIBUTIONS105,0006,045CHANGES IN NET POSITION4,790,8847,625,038NET POSITION, beginning of year61,354,03853,729,000	Noncapital contributions		
Interest and amortization(582,453)(658,214)Loss on disposal of property(756,876)(144,704)Total nonoperating revenues (expenses), net1,094,2021,287,276EXCESS OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS4,685,8847,618,993CAPITAL CONTRIBUTIONS105,0006,045CAPITAL CONTRIBUTIONS105,0006,045CHANGES IN NET POSITION4,790,8847,625,038NET POSITION, beginning of year61,354,03853,729,000	Investment income	172,543	
Loss on disposal of property Total nonoperating revenues (expenses), net(756,876) 1,094,202(144,704) 1,287,276EXCESS OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS4,685,8847,618,993CAPITAL CONTRIBUTIONS105,0006,045CAPITAL CONTRIBUTIONS105,0006,045CHANGES IN NET POSITION4,790,8847,625,038NET POSITION, beginning of year61,354,03853,729,000	Interest and amortization		•
EXCESS OF REVENUES OVER EXPENSES BEFORE CAPITAL CONTRIBUTIONS4,685,8847,618,993CAPITAL CONTRIBUTIONS105,0006,045CHANGES IN NET POSITION4,790,8847,625,038NET POSITION, beginning of year61,354,03853,729,000	Loss on disposal of property	(756,876)	(144,704)
CAPITAL CONTRIBUTIONS 4,685,884 7,618,993 CAPITAL CONTRIBUTIONS 105,000 6,045 CHANGES IN NET POSITION 4,790,884 7,625,038 NET POSITION, beginning of year 61,354,038 53,729,000	Total nonoperating revenues (expenses), net	1,094,202	1,287,276
CAPITAL CONTRIBUTIONS 4,685,884 7,618,993 CAPITAL CONTRIBUTIONS 105,000 6,045 CHANGES IN NET POSITION 4,790,884 7,625,038 NET POSITION, beginning of year 61,354,038 53,729,000	FYCESS OF REVENUES OVER EXDENSES RECORE		
CAPITAL CONTRIBUTIONS 105,000 6,045 CHANGES IN NET POSITION 4,790,884 7,625,038 NET POSITION, beginning of year 61,354,038 53,729,000		1 605 001	7 610 002
CHANGES IN NET POSITION 4,790,884 7,625,038 NET POSITION, beginning of year 61,354,038 53,729,000	CAI TIAL CONTRIDUTIONS	4,000,004	7,010,993
CHANGES IN NET POSITION 4,790,884 7,625,038 NET POSITION, beginning of year 61,354,038 53,729,000	CAPITAL CONTRIBUTIONS	105,000	6,045
NET POSITION, beginning of year 61,354,038 53,729,000			
	CHANGES IN NET POSITION	4,790,884	7,625,038
	NET POSITION, beginning of year	61 354 038	53 729 000
NET POSITION, end of year \$ 66,144,922 \$ 61,354,038			00,127,000
	NET POSITION, end of year	<u>\$ 66,144,922</u>	<u>\$ 61,354,038</u>

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from patients and third-party payors	\$ 72,261,678	\$ 73,216,441
Cash received from other operating revenue	\$ 72,201,078 2,948,917	\$ 73,210,441 2,685,136
Cash paid for employee salaries, wages, and benefits	(43,706,001)	
Cash paid for other expenses		(41,231,591)
Net cash from operating activities	<u>(18,220,389)</u> 13,284,205	<u>(23,901,575)</u> 10,768,411
Net cash from operating activities	13,204,203	10,700,411
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
Cash received from property taxes	2,219,717	1,932,919
Noncapital contributions	41,271	41,607
Net cash from noncapital financing activities	2,260,988	1,974,526
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Capital contributions	105,000	6,045
Purchase of capital assets	(6,734,460)	(2,842,226)
Proceeds from sale of capital assets	-	13,803
Principal payments on long-term debt and		
capital lease obligations	(1,896,082)	(1,935,484)
Interest paid on long-term debt and capital lease obligations	(582,453)	(658,214)
Net cash from capital and related financing activities	(9,107,995)	(5,416,076)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of assets limited as to use	(8,863,855)	(5,040,481)
Income received from investments	172,543	115,668
Net cash from investing activities	(8,691,312)	(4,924,813)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(2,254,114)	2,402,048
CASH AND CASH EQUIVALENTS, beginning of year	13,165,316	10,763,268
CASH AND CASH EQUIVALENTS, end of year	\$ 10,911,202	\$ 13,165,316

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
RECONCILIATION OF OPERATING GAIN TO NET CASH FROM OPERATING ACTIVITIES Operating gain	\$ 3,591,682	\$ 6,331,717
Adjustments to reconcile operating gain to net cash from operating activities		
Depreciation	4,168,343	4,185,169
Provision for bad debts	3,443,616	3,065,899
Increase (decrease) in cash due to changes in assets and liabilities		
Patient accounts receivable, net	(3,155,901)	(2,786,122)
Due from third party payor	170,000	330,000
Inventories, prepaid expenses, and other	286,853	(983,886)
Accounts payable and accrued expenses	4,779,612	625,634
	9,692,523	4,436,694
NET CASH FROM OPERATING ACTIVITIES	\$ 13,284,205	\$ 10,768,411

Note 1 - Description of Operations

The Grant County Public Hospital District No. 1 dba Samaritan Healthcare (the District), operates a licensed 50-bed acute care hospital and rural health clinic in Moses Lake, Washington, as provided for under the laws of the state of Washington for Washington State municipal corporations. The District was created to operate, control, and manage matters concerning Grant County's healthcare functions. As organized, the District is exempt from payment of federal income tax. The Board of Commissioners consists of five community members elected to six-year terms. The District is not a component unit of Grant County.

Note 2 - Summary of Significant Accounting Policies

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

Enterprise fund accounting – The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

Cash and cash equivalents – Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less, excluding amounts limited as to use by Board designation, bond agreement, or donors.

Patient accounts receivable – Patient accounts receivable arising from revenue for services to patients are reduced by an allowance for uncollectible accounts and contractual allowances based on experience, third-party contractual reimbursement arrangements, and any unusual circumstances which may affect the ability of patients to meet their obligations. Accounts deemed uncollectible are charged against this allowance.

Assets limited to use – This group of assets relates to certain cash and assets set aside for future capital additions and replacements, bond principal and interest payments, and other purposes.

Inventories – Inventories, comprised primarily of medical supplies, surgical supplies, and pharmaceuticals, are stated at the lower of replacement cost or market.

Capital assets – The District's capital assets are stated at historical cost or estimated fair market value at the date of donation. Expenditures for maintenance and repairs are charged to operations as incurred; betterments and major renewals in excess of \$5,000 are capitalized. All capital assets other than land are depreciated or amortized (in the case of capital leases) by the straight-line method over the following useful lives:

Land improvements	3 - 20 years
Building	5 - 40 years
Building service and fixed equipment	3 - 25 years
Major movable equipment	3 - 20 years

Compensated absences – The District's employees earn vacation and sick leave days at varying rates depending on years of service. The District's policy is to permit employees to accumulate earned but unused vacation and sick pay benefits to a specified maximum. All vacation pay is accrued as earned. No liability is recorded for unpaid accumulated sick leave since the District does not have a policy to pay any related amounts when employees separate from service with the District.

Net position – Resources are classified for accounting and reporting purposes into the following four net position categories:

Net investment in capital assets – Net position invested in capital assets consists of capital assets net of accumulated depreciation and amortization and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets.

Restricted for debt service – Restricted for debt service net position is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District, including amounts deposited with trustees in connection with bond agreements, reduced by any liabilities related to those assets.

Restricted nonexpendable permanent endowment – Restricted nonexpendable permanent endowment net position equals the principal portion of permanent endowments.

Unrestricted – Consists of assets and liabilities that are not included in the determination of net investment in capital assets or restricted net position. Unrestricted net position may be designated for specific purposes by action of the Board of Commissioners.

Operating and nonoperating revenues and expenses – The District's statement of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing healthcare services – the District's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Net patient service revenue – Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Costs of borrowing – Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. None of the District's interest cost was capitalized in either 2016 or 2015.

Property taxes – The District received approximately 2.9% and 2.6% of its financial support from property taxes for the years ended December 31, 2016 and 2015, respectively. These funds were used to support operations. Property taxes are levied by Grant County on the District's behalf on January 1 and are intended to finance the District's activities of the same calendar year. Amounts levied are based on assessed property values as of the preceding May 31. The assessed property is subject to lien on the levy date and taxes are considered delinquent after October 31. The taxes are collected by the County and remitted to the District. Taxes estimated to be collectible are recorded as revenue in the year receivable by the District.

No allowance for doubtful taxes receivable is considered necessary at the statement of net position dates. The property tax calendar includes these dates:

Levy date	January 1
Lien date	January 1
Tax bill mailed	February 14
First installment payment due	April 30
Second installment payment due	October 31

The District is permitted by law to levy up to \$0.75 per **\$1,000** of assessed valuation for general District purposes. Washington State Constitution and Washington State law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by vote of eligible voters.

For 2016, the District's tax levy for operations was \$0.48 per \$1,000 of assessed value of \$4,229,728,473.

For 2015, the District's tax levy for operations was \$0.50 per \$1,000 of assessed value of \$3,890,065,620.

Property taxes are considered delinquent on the day following each payment due date.

Grants and contributions – From time to time, the District receives grants from Grant County and the state of Washington as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Endowments – Endowments are provided to the District on a voluntary basis by individuals and private organizations. Permanent endowments require that the principal or corpus of the endowment be retained in perpetuity. If a donor has not provided specific instructions, state law permits the District's Board of Commissioners to authorize for expenditure the net appreciation of the investments of endowment funds, as discussed in Note 3.

Restricted resources – When the District has both restricted and unrestricted resources available to finance a particular program, it is the District's policy to use restricted resources before unrestricted resources.

Risk management – The District is also exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. The District carries commercial insurance for these risks of loss. Settled claims resulting from these risks have not exceeded the commercial insurance coverage in any of the past three years.

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

Investments – Investments are reported at fair value except for short-term highly liquid investments that have remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, are included in nonoperating revenue when earned.

New accounting pronouncements – In February 2015, the GASB issued Statement No. 72, *Fair Value Measurement and Application*. Statement No. 72 is intended to address accounting and financial reporting issues related to fair value measurements. The definition of fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement provides guidance for determining a fair value measurement for financial reporting purposes. This statement also provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements. This guidance is effective for the District in the year ended December 31, 2016. The District has adopted this standard in the December 31, 2016 financial statements.

In December 2015, the GASB issued Statement No. 79, *Certain External Investment Pools and Pool Participants*. This statement addresses accounting and financial reporting for certain external investment pools and pool participants. Specifically, it establishes criteria for an external investment pool to qualify for making the election to measure all of its investments at amortized cost for financial reporting purposes. An external investment pool qualifies for that reporting if it meets all of the applicable criteria established in this statement. The specific criteria address (1) how the external investment pool transacts with participants; (2) requirements for portfolio maturity, quality, diversification, and liquidity; and (3) calculation and requirements of a shadow price. Significant noncompliance prevents the external investment pool from measuring all of its investments at amortized cost for financial reporting purposes. Professional judgment is required to determine if instances of noncompliance with the criteria established by this statement during the reporting period, individually or in the aggregate, were significant. This guidance is effective for the District in the year ended December 31, 2016. The District has adopted this standard in the December 31, 2016 financial statements.

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

The District has evaluated subsequent events through May 2, 2017, which is the date the financial statements are issued, and concluded that there were no events or transactions that need to be disclosed.

Note 3 - Restricted Net Position and Endowment

Restricted expendable net position is intended for redemption of bond indebtedness, as detailed in Note 4. Restricted non-expendable net position represents the Masto Endowment Fund, which is a permanent endowment.

Unless the contributor provides specific instructions, Washington state law permits the District's Board of Commissioners to authorize for expenditure the net appreciation (realized and unrealized) of the investments in its endowments. When administering its power to spend net appreciation, the Board of Commissioners is required to consider the District's "long-term and short-term needs, present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions." Any net appreciation that is spent is required to be spent for the purposes designated by the contributor.

Note 4 - Deposits and Investments

The Revised Code of Washington, Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments. State law requires that all deposits be insured with federal depository insurance or collateralized by U.S. government securities held by the pledging financial institution's trust department in the name of the District.

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

Note 4 - Deposits and Investments (continued)

The District's cash and cash equivalents balances at December 31 were as follows:

	2016	2015
Total bank balances, U.S. Bank Grant County Treasurer Petty cash	\$ 11,691,268 21,631 <u>2,125</u> 11,715,024	\$ 13,647,769 19,712 1,925 13,669,406
Reconciling items	(803,822)	(504,090)
Total cash and cash equivalents per statement of net position	\$ 10,911,202	\$ 13,165,316
The District's assets limited as to use at December 31 were as follows:		
	2016	2015
Redemption of 1997 and 1998 revenue bonds, payment of related bond interest, and debt service reserve (see Note 8) Investments	\$ 3,635,651	\$ 1,705,371
Redemption of 1998 limited tax general obligation bonds and payment of related bond interest (see Note 8) Taxes receivable	259,021	57,670
Redemption of 2005 limited tax general obligation bonds and payment of related bond interest (see Note 8) Investments	28,627	8,805
Redemption of 2007 limited tax general obligation bonds and payment of related bond interest (see Note 8)		
Investments	<u> 130,017 </u> 4,053,316	78,196 1,850,042
Less amount required for current liabilities	(952,721)	(570,217)
	\$ 3,100,595	<u>\$ 1,279,825</u>
Internally designated by Board for capital improvements Investments Accrued interest	\$ 30,056,457 873 \$ 30,057,330	\$ 23,391,699 5,050 \$ 23,396,749
Permanently restricted by donors for endowment investments	\$ 689,843	\$ 689,843

Note 4 - Deposits and Investments (continued)

Investments – The composition of investments, reported at fair value by investment type at December 31, 2016, excluding unrestricted cash, money market funds, other assets limited as to use, and the Washington State Local Government Investment Pool balances of \$13,966,001, is as follows:

Investment Type	Acti	oted Prices in ve Markets for entical Assets (Level <u>1</u>)	Obse	ificant Other rvable Inputs (Level 2)	Unobs	ficant ervable [Level 3]		Total
US Government Treasury Bonds	\$	4,752,642	\$		\$	-	\$	4,752,642
US Government Agency Bonds		25,128,918		-			7	25,128,918
Mortgage Backed Securities		14		1,419,130		-		1,419,130
Energy NW WA Electric Revenue Bond		· · ·		160,000		1		160,000
Grant County WA PUB UT District #2								
Revenue Bond		-		285,000		-		285,000
	\$	29,881,560	\$	1,864,130	\$	-	\$	31,745,690

The composition of investments, reported at fair value by investment type at December 31, 2015, excluding unrestricted cash, money market funds, other assets limited as to use and the Washington State Local Government Investment Pool balances of \$15,737,120, is as follows:

Investment Type	Acti	oted Prices in ve Markets for entical Assets (Level 1)	 uificant Other ervable Inputs (Level 2)	Unobs	ficant ervable (Level 3)	 Total
US Government Treasury Bonds	\$	4,934,854	\$ -	\$	-	\$ 4,934,854
US Government Agency Bonds		16,036,130	-		-	16,036,130
Mortgage Backed Securities		-	1,948,846		-	1,948,846
Energy NW WA Electric Revenue Bond		-	160,000		-	160,000
Grant County WA PUB UT District #2						
Revenue Bond			 285,000			 285,000
	\$	20,970,984	\$ 2,393,846	\$	-	\$ 23,364,830

The District's investments include holdings with the Washington State Local Government Investment Pool that represent approximately 7% and 9% of its total investments as of December 31, 2016 and 2015, respectively.

The Local Government Investment Pool (LGIP) investment of \$2,384,367 and \$2,373,350 as of December 31, 2016 and 2015, respectively, has been determined using amortized cost. LGIP is an investment pool with the primary purpose of providing a safe liquid vehicle for investing idle funds and to obtain the best interest rate available at the time of investment. LGIP deposits may be withdrawn at any time. It is currently excluded from the fair value measurements.

Note 4 – Deposits and Investments (continued)

Interest rate risk – Interest rate risk is the greatest risk faced by an investor in the debt securities market. The price of a debt security typically moves in the opposite direction of the change in interest rates. Interest rate risk is the risk that changes in interest rates will adversely affect the fair market value of an investment. The District reviews periodically with its investment advisors the duration of the most significant investment accounts. Based on the forecasts of interest rates, the District adjusts the duration of the portfolio to achieve management's desired outcome. At December 31, 2016 and 2015, the District had the following investments and maturities, all of which were held in the District's name by a custodial bank that is an agent of the District:

	Investment Maturities				
	Fair Value 2016	Less Than 1 Year	1 - 5 Years	6-10 Years	More than 10 Years
Investment type					
U.S. Government Agency Bonds	\$ 25,128,918	\$ 1,091,151	\$11,321,740	\$ 6,161,894	\$ 6,554,133
U.S. Government Treasury Bonds	4,752,642	505,723	3,293,551	295,502	657,866
Mortgage Backed Securities	1,419,130	-	117,836	52,850	1,248,444
Energy NW WA Electric Revenue					
Bond	160,000	-	160,000	-	-
Grant County WA PUB UT District					
#2 Revenue Bond	285,000	<u>1</u>	0 <u>4</u> 2	-	285,000
Washington State Local					
Government Investment Pool	2,384,367		2,384,367		
	\$ 34,130,057	\$ 1,596,874	\$17,277,494	\$ 6,510,246	\$ 8,745,443

	Investment Maturities				
	Fair Value 2015	Less Than 1 Year	1 - 5 Years	6-10 Years	More than 10 Years
Investment type					
U.S. Government Agency Bonds	\$ 16,036,130	\$ 1,390,377	\$10,720,722	\$ 3,151,569	\$ 773,462
U.S. Government Treasury Bonds	4,934,854	1,191,348	2,719,166	354,144	670,196
Mortgage Backed Securities	1,948,846			195,061	1,753,785
Energy NW WA Electric Revenue					
Bond	160,000	-	160,000	-	•
Grant County WA PUB UT District					
#2 Revenue Bond	285,000	-	1.5		285,000
Washington State Local					
Government Investment Pool	2,373,350		2,373,350	۲	
	\$ 25,738,180	\$ 2,581,725	\$15,973,238	\$ 3,700,774	\$ 3,482,443

Custodial credit risk – Custodial credit risk is the risk that, in the event of a failure of the counterparty, the District will not be able to recover the value of the investment or collateral securities that are in the possession of an outside party. All securities are held by the District's safekeeping custodian acting as an independent third party and carry no custodial credit risk.

Note 4 - Deposits and Investments (continued)

Credit risk – Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The District adheres to the State of Washington's regulations on investing. Statutes authorize the District to invest in obligations of the U.S. Treasury, agencies, and instrumentalities, commercial paper rated A-1 by Standard & Poor's Corporation or P-1 by Moody's Commercial Paper Record, and bankers' acceptances. As of December 31, the District's investment in Energy Northwest Revenue Bonds and Grant County Public Utility District Bonds were rated AA- by Standard & Poor's. The Washington State Local Government Investment Pool was unrated as of December 31, 2016 and 2015.

Concentration of credit risk – Concentration of credit risk is the risk of loss that may be attributed to the magnitude of an entities investment in a single issuer. The District mitigates credit risk by limiting the percentage of the portfolio invested with any one issuer.

Note 5 - Charity Care

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The costs the District incurred to provide charity care were approximately \$1,200,000 and \$1,162,000 for the years ended December 31, 2016 and 2015, respectively. The District has estimated these costs by multiplying its ratio of costs to gross charges to the gross uncompensated charges associated with providing charity care.

Note 6 - Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the District at December 31, 2016 and 2015 consisted of these amounts:

	2016	2015
Patient accounts receivable		
Receivable from patients and their insurance carriers	\$ 17,042,268	\$ 16,308,738
Receivable from Medicare	6,308,065	6,147,977
Receivable from Medicaid	8,356,813	8,341,205
Total patient accounts receivable	31,707,146	30,797,920
Less allowance for contractual adjustments	(16,221,459)	(15,814,217)
Less allowance for doubtful accounts	(6,060,762)	(5,271,063)
Patient accounts receivable, net	\$ 9,424,925	\$ 9,712,640
Accounts payable and accrued expenses		
Payable to employees (including payroll taxes)	\$ 3,642,070	\$ 3,249,667
Payable to third parties	4,611,669	-
Payable to suppliers	1,996,857	1,939,470
Total accounts payable and accrued expenses	\$ 10,250,596	\$ 5,189,137

The District grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements. The mix of receivables from patients and third-party payors at December 31, 2016 and 2015 was as follows:

	2016	2015
Medicare	20%	20%
Medicaid	27%	28%
Blue Cross	12%	15%
Other third-party payors	16%	15%
Patients	25%	22%
	100%	100%

Note 7 - Capital Assets

Capital asset additions, retirements, and balances for the years ended December 31, 2016 and 2015 were as follows:

	Balance December 31, 2015	Additions	Retirements	Account Transfers	Balance December 31, 2016
Land	\$ 932,777	\$ -	\$	<u> </u>	\$ 932,777
Land improvements	542,357	-	2	-	542,357
Buildings and improvements	35,311,631	56,431	2	642,558	36,010,620
Samaritan Professional Building	2,428,845	14,947	-	11,205	2,454,997
Pioneer Medical Center	9,777,634	67,744	<u>.</u>	-	9,845,378
Building service equipment	2,818,055	606,172	(4	155,047	3,579,274
Fixed equipment, communication	140,377	-	(11,295)	-	129,082
Fixed equipment, other	51,315	59,439	-	2.567	113,321
Major movable equipment	25,066,869	3,776,226	(1,929,903)	1,126,967	28,040,159
Total at historical cost	76,137,083	4,580,959	(1,941,198)	1,938,344	80,715,188
Less accumulated depreciation and amortization for:					
Land improvements	(152,744)	(47,492)	-		(200,236)
Buildings and improvements	(22,771,942)	(1,402,460)	-		(24,174,402)
Samaritan Professional Building	(2,078,810)	(44,792)	-	-	(2,123,602)
Pioneer Medical Center	(5,300,521)	(343,972)	-		(5,644,493)
Building service equipment	(595,868)	(258,103)	-		(853,971)
Fixed equipment, communication	(107,902)	(9,279)	11,294		(105,887)
Fixed equipment, other	(36,389)	(4,749)	-	-	(41,138)
Major movable equipment	(18,770,753)	(2,057,496)	1,173,028	-	(19,655,221)
Total accumulated					
depreciation	(49,814,929)	(4,168,343)	1,184,322		(52,798,950)
Depreciable capital assets, net	26,322,154	412,616	(756,876)	1,938,344	27,916,238
Construction in progress	602,952	2,260,894	(107,393)	(1,938,344)	818,109
Capital assets, net	\$ 27,857,883	\$ 2,673,510	\$ (864,269)	\$	\$ 29,667,124

GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE NOTES TO FINANCIAL STATEMENTS

Note 7 - Capital Assets (continued)

	Balance December 31, 2014	Additions	Retirements	Account Transfers	Balance December 31, 2015
Land	\$ 932,777		\$	\$ -	\$ 932,777
Land improvements	519,104	23,253	-	-	542,357
Buildings and improvements	35,130,383	181,248	-	-	35,311,631
Samaritan Professional Building	2,389,104	39,741	878	-	2,428,845
Pioneer Medical Center	9,684,919	80,563	(6,872)	19,024	9,777,634
Building service equipment	2,307,224	341,961	-	168,870	2,818,055
Fixed equipment, communication	140,377	-	3 9 0		140,377
Fixed equipment, other	49,693	1,622	2 2 0	-	51,315
Major movable equipment	23,880,206	1,596,595	(757,500)	347,568	25,066,869
Total at historical cost	74,101,010	2,264,983	(764,372)	535,462	76,137,083
Less accumulated depreciation and amortization for:					
Land improvements	(106,576)	(46,168)	(#))	×	(152,744)
Buildings and improvements	(21,394,552)	(1,377,390)	-	-	(22,771,942)
Samaritan Professional Building	(2,038,018)	(40,792)		-	(2,078,810)
Pioneer Medical Center	(4,969,298)	(338,096)	6,873	*	(5,300,521)
Building service equipment	(401,286)	(194,582)	-	÷.	(595,868)
Fixed equipment, communication	(98,623)	(9,279)	-	5	(107,902)
Fixed equipment, other	(34,821)	(1,568)	-		(36,389)
Major movable equipment	(17,197,615)	(2,177,294)	604,156	<u>.</u>	(18,770,753)
Total accumulated					
depreciation	(46,240,789)	(4,185,169)	611,029		(49,814,929)
Depreciable capital assets, net	27,860,221	(1,920,186)	(153,343)	535,462	26,322,154
Construction in progress	566,335	577,243	(5,164)	(535,462)	602,952
Capital assets, net	\$ 29,359,333	\$ (1,342,943)	\$ (158,507)	\$ -	\$ 27,857,883

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GRANT COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 dba SAMARITAN HEALTHCARE NOTES TO FINANCIAL STATEMENTS

	Balance December 31, 2015	Additions	Reductions	Balance December 31, 2016	Amounts Due Within One Year
Bonds payable					
1998 revenue bonds	\$ 4,497,105	\$-	\$ (1,037,263)	\$ 3,459,842	\$ 1,095,000
2005 LTGO bonds	783,231	-	(73,119)	710,112	76,261
2007 LTGO bonds	6,709,651	-	(611,093)	6,098,558	705,000
Total long-term debt	11,989,987	-	(1,721,475)	10,268,512	1,876,261
Capital lease obligations	208,826	-	(174,607)	34,219	34,219
Estimated malpractice costs	1,100,000		(259,000)	841,000	(•)
Total	\$ 13,298,813	<u>\$ -</u>	\$ (2,155,082)	\$ 11,143,731	\$ 1,910,480
	Balance December 31, 2014	Additions	Reductions	Balance December 31, 2015	Amounts Due Within One Year
Bonds payable					
1998 revenue bonds	\$ 5,484,345	\$-	\$ (987,240)	\$ 4,497,105	\$ 1,040,000
2005 LTGO bonds	853,339	-	(70,108)	783,231	73,119
2007 LTGO bonds	7,293,051		(583,400)	6,709,651	650,000
Total long-term debt	13,630,735	-	(1,640,748)	11,989,987	1,763,119
Capital lease obligations	503,562	-	(294,736)	208,826	174,607
Estimated malpractice costs	1,100,000			1,100,000	
Total	<u> </u>	\$ -	\$ (1,935,484)	\$ 13,298,813	\$ 1,937,726

Note 8 - Long-Term Debt Liabilities

Revenue bonds – The District issued revenue bonds dated August 15, 1990 to pay the costs associated with the renovation and expansion of the District's facilities. These bonds were advance refunded with revenue bonds dated December 1, 1997. The District also issued revenue bonds dated December 1, 1998 to pay the costs associated with acquiring, equipping, constructing, and improving the District's facilities. The bonds are special obligations of the District, payable solely from revenue derived from District operations, and are not general obligations or indebtedness payable from tax revenue. The District is required to transfer monthly to a bond fund one-sixth of the next ensuing six months' interest requirements and one-twelfth of the next ensuing twelve months' principal payments. The District is required to maintain at least 70 days cash on hand and maintain a debt coverage ratio of at least 1.25 to 1. The revenue bonds dated December 1, 1998 are due in principal installments that range from \$1,095,000 to \$1,209,842, with interest at 5.25%. The recorded balances at December 31, 2016 and 2015 are net of unamortized discounts of \$2,737 and \$2,760, respectively.

Note 8 - Long-Term Debt Liabilities (continued)

Scheduled principal and interest repayments on the revenue bonds are as follows:

Year Ending	1	1998 Revenue Bonds				
December 31,	, Principal Interest		Total			
2017	\$ 1,095,000	\$ 181,912	\$ 1,276,912			
2018	1,155,000	124,425	1,279,425			
2019	1,209,842	63,788	1,273,630			
	\$ 3,459,842	\$ 370,125	\$ 3,829,967			

Limited tax general obligation bonds – Limited tax general obligation bonds are general obligations of the District and are secured by an irrevocable pledge of the District that it will have sufficient funds available to pay the bond principal and interest due by levying each year a maintenance and operations tax upon the taxable property within the District. The District issued limited tax general obligation bonds dated July 27, 2005 to provide funds to pay the costs of certain equipment and facility renovations. The 2005 bonds are due through December 2024 in principal payments ranging from \$76,260 to \$102,364 with interest of 4.25%.

The District issued limited tax general obligations bonds dated March 19, 2007, in the amount of \$9,995,000. The proceeds of the bonds were used to advance refund a portion of the District's outstanding limited tax general obligation bonds, 1998. The 2007 bonds are due in principal installments that range from \$705,000 to \$1,040,000, with interest ranging from 4.05% to 5.5%. The recorded balances at December 31, 2016 and 2015 are net of refunding amounts of \$30,430 and \$50,166, respectively, and unamortized bond premiums of \$13,830 and \$29,818, respectively.

Year Ending	2005 LTGO Bonds				2007 LTGO Refunding Bonds			
December 31,	Principal	Interest		Total	Principal	Interest		Total
2017	76,261	29,378	\$	105,639	705,000	255,823	\$	960,823
2018	79,536	26,102		105,638	760,000	220,572		980,572
2019	82,952	22,686		105,638	810,000	189,793		999,793
2020	86,515	19,123		105,638	865,000	156,582		1,021,582
2021	384,848	37,704	·	422,552	2,958,558	248,540		3,207,098
	\$ 710,112	\$ 134,993	\$	845,105	\$ 6,098,558	\$ 1,071,310	\$	7,169,868

Scheduled principal and interest repayments on bonds payable are as follows:

Capital leases – The District has entered into lease agreements that qualify as capital leases. The related equipment is recorded as a capital asset and the leases are collateralized by the equipment. As of December 31, 2016 and 2015, the cost of lease equipment was \$1,468,143. The related accumulated amortization was \$1,415,768 and \$1,341,788 at December 31, 2016 and 2015, respectively.

Note 8 - Long-Term Debt Liabilities (continued)

Scheduled lease payments are as follows:

Years Ending December 31,	<u> </u>	Principal		Interest		Total		
2017	\$	34,219	\$	513	\$	34,732		
	_\$	34,219	\$	513	\$	34,732		

Note 9 - Operating Leases

The District leases certain facilities and equipment under operating lease arrangements. The following is a schedule by year of future minimum lease payments as of December 31, 2016:

	 Amount	
2017	\$ 403,194	
2018	315,810	
2019	273,42 1	
2020	177,187	
2021	 -	
Total minimum lease payments	\$ 1,169,612	

Rent expense on operating leases for 2016 and 2015 was \$850,680 and \$785,097, respectively.

Note 10 - Retirement Plan

District employees participate in a voluntary deferred compensation 457(b) plan. For the year ended December 31, 2016, employees could voluntarily contribute through salary reductions up to \$18,000 of their annual wages. Employee contributions are always 100% vested. For those employees participating in the 457(b) plan, the District may contribute on behalf of the employee 4.45% of the first \$1,000 of monthly earnings, 8.87% of monthly earnings in excess of \$1,000, and \$0.42 per year of service under a plan qualified under Internal Revenue Code Section 401(a). In order to qualify for contributions made on behalf of the employee by the District, employees must contribute at least 3% of their earnings to the 457(b) plan and their annual compensation is limited to \$265,000. The District's contributions are 100% vested after three years.

Related expense was approximately \$2,029,000 and \$2,266,000 in 2016 and 2015, respectively. The plan is administered by Variable Annuity Life Insurance Company.

Note 11 – Risk Management

Medical malpractice coverage – The District has professional and general liability insurance coverage for medical malpractice claims through a multi-employer captive insurance company (Captive). The District owns approximately 2% of the Captive which is valued at approximately \$150,000 and is included in other assets on the statement of net position. The captive insurance company provides coverage on a claims-made basis subject to a limit of \$1,000,000 per claim with an annual aggregate limit of \$3,000,000 for professional coverage and \$1,000,000 for general coverage. The deductible is \$25,000. There is also a shared buffer limit of \$5,000,000 per claim and an annual aggregate limit of \$5,000,000. Additional excess coverage of \$4,000,000 per occurrence and an annual aggregate limit is provided and is in a separate policy with Homeland Insurance Company. There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients. The District has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued malpractice losses have been discounted six percent and, in management's opinion, provide an adequate reserve for loss contingencies.

Risk transfer pools – The District has a self-insured workers' compensation plan for its employees. The District is a part of the Public Hospital District Workers' Compensation Trust, which is a risk transfer pool administered by the Washington State Hospital Association. The District pays its share of actual workers' compensation claims, maintenance of reserves, and administrative expenses. Payments by the District charged to workers' compensation expense were approximately \$524,000 and \$167,000 in 2016 and 2015, respectively.

The District has a self-insured unemployment plan for its employees. The District is part of the Public Hospital District Unemployment Compensation Fund, which is a risk transfer pool administered by the Washington State Hospital Association. The District pays its share of actual unemployment claims, maintenance of reserves, and administrative expenses. Payments by the District charged to unemployment expense were \$144,782 and \$118,690 in 2016 and 2015, respectively.

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

Compliance with laws and regulations – The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse status and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs, together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with the fraud and abuse regulations can be subject to future government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Note 12 - Net Patient Service Revenue

Net patient service revenue consists of the following:

	2016	2015
Gross patient service revenue	\$_202,504,522	\$ 186,248,139
Contractual and other adjustments		
Medicare	44,232,660	37,664,014
Medicaid	52,009,694	41,356,322
Other	30,844,589	31,225,240
	127,086,943	110,245,576
Provision for bad debts	3,443,616	3,065,899
Net patient service revenue	\$ 71,973,963	\$ 72,936,664

Medicare and Medicaid payments are subject to CMS and state regulation that is subject to change from time to time and these changes could have both positive and negative impact(s) on the payments under the programs.

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

• **Medicare** – Inpatient and outpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The District's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the District. Charges and program billings are also subject to review by various organizations including the Recovery Audit Contractor Program. The District's cost reports have been audited by the Medicare fiscal intermediary through 2009.

Note 12 - Net Patient Service Revenue (continued)

- **Medicaid** On July 1, 2005, a new inpatient Medicaid reimbursement methodology for all noncritical access Washington State governmental hospitals was implemented called "Certified Public Expenditures." Under this program, the District is paid for inpatient Medicaid services based on costs, including certain costs of uncompensated care. The estimated costs for inpatient care are calculated as a ratio of cost to charges from a base year (two years before the service year). Under the program, the District will be reimbursed the higher of the full cost of service or "baseline" reimbursement that would have been received based on the pre-July 1 inpatient payment system. Outpatient services are paid on a fee schedule or a percentage of allowed charges based on a ratio of the District's allowable operating expenses to total allowable revenue. Physicians and other providers are paid on a fee schedule.
- **Other** The District has entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The 2016 net patient service revenue decreased approximately \$4,600,000 due to prior-year retroactive adjustments in excess of amount previously estimated.