Exhibit 1

Health Financial Systems — GOV. JUAN F. LUIS HOSPITAL — In Lieu of Form CMS-2552-10

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 480002 | Period: From 10/01/2013 To 09/30/2014 | Worksheet S-10 | Date/Time Prepared: 3/2/2015 2:23 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.573056	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,401,878	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	22,009,389	6.00
7.00	Medicaid cost (line 1 times line 6)	12,612,612	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	8,210,734	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	36,398,874	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	8,210,734	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,191,172	0	2,191,172	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,255,664	0	1,255,664	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,255,664	0	1,255,664	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	29,148,094	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	0	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	29,148,094	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	16,703,490	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	17,959,154	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	26,169,888	31.00

Exhibit 2

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 480002 | Period: From 10/01/2014 To 09/30/2015 | Worksheet S-10 | Date/Time Prepared: 2/26/2016 1:11 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.611191	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	5,416,985	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	28,510,446	6.00
7.00	Medicaid cost (line 1 times line 6)	17,425,328	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	12,008,343	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	27,439,650	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	12,008,343	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,147,484	0	4,147,484	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,534,905	0	2,534,905	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,534,905	0	2,534,905	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	14,192,968	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	532,711	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	13,660,257	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	8,349,026	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,883,931	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	22,892,274	31.00

Exhibit 3

GOV. JUAN F. LUIS HOSPITAL
CAPITAL NEEDS LIST
AS OF JULY 5, 2016

ITEM #	PRIORITY	ITEM	DEPARTMENT	ESTIM. COST
1	7	Fire Alarm Panal, Dampers, Pump, Cert.	Maintenance	300,000
2	6	Surge Protector for CT	Radiology	160,000
3	5	Defibulators (8)	House	48,000
4	5	UPS for VICC	VICC	100,000
5	4	Surgical Lights (__ Rooms?)	OR	315,000
6	4	EKG Machine (3)	VICC	79,500
7	3	Reverse Osmosis Unit	Dialysis	18,500
8	3	Monitor Modules (12)	ICU	59,036
9	3	SCD machines	Med/Surg	54,000
10	3	Vital Sign Machines (?)	Nursing	92,700
11	3	Sterilizer	OR	70,200
12	3	Ech Machines (2)	VICC	70,000
13	2	Bedside Ultrasound Machine	ER	48,000
14	2	Blood Bank Freezer	Lab	25,000
15	2	Elevator Room Supression System	Maintenance	14,600
16	1	8 Burner Stove	Dietary	6,000
17	1	Blanket/Fluid Warmer	ER	12,187
18	3	Oxygen Generator	Maintenance	392,000
19	3	Remaining Roof Repair after the $100K	Maintenance	400,000
20	3	Beds 20 and matresses	Med/Surg	100,000
21	3	Surgical Beds 6	OR	242,700
22	2	Monitors Central Station	ICU	90,000
23	2	Dialysis Machines (25)	Maintenance	625,000
24	2	Motor Control for Electrical Room	Maintenance	510,000
25	2	New Incinerator	Maintenance	300,000
26	2	Well Refurbish	Maintenance	330,000
27	2	Gen Surg Instruments (duplicate?)	OR	136,000
28	2	Tower w/12 scopes	OR	75,000
29	2	Replace shelving system	Pharmacy	30,000
30	1	Repair Drainage System	Dietary	60,000
31	1	Medical Record Storage System	HIM	500,000
32	1	Glidescope (2)	House	41,500
33	1	Mapping of Med Gas	Maintenance	33,900
34	1	Med Gas Shut-down valves	Maintenance	50,300
35	1	Pump/Motor for the Chiller	Maintenance	16,900
36	1	Waste Processing Unit Compactor	Maintenance	185,000
37	1	Water Storage Tank	Maintenance	6,600
38	1	Suction Gauges 20	Med/Surg	15,000
39	1	Build an Interactive Inter/Intanet	MIS	175,000
40	1	Laryngoscope	Nursing	18,200
41	1	Endo Scope (3)	OR	79,000
42	1	OR Instruments (Dr. Conrad Smith)	OR	36,000
43	1	Surgical Power System (4)	OR	162,900
44	1	Surgical Tables (6)	OR	242,700
45	1	Security System	Security	85,000
46	0	Water Filtration Plant	Maintenance	350,000
47	0	Transfer Switches	Maintenance	30,000
48		Leg Holder	OR	15,100
49		Master Key Replacement	Security	100,000
50		Chairs for Dining Room (40)	Dietary	10,000
51		Conventional Steamer	Dietary	15,000
52		Dishwasher Booster	Dietary	6,000
53		Electric Range Burner	Dietary	11,300

54		Gas Tiltig Skillet	Dietary	14,100
55		Renovate the Café	Dietary	480,000
56		Resurface the floors	Dietary	65,000
57		Tables for Dining Room (13	Dietary	7,000
58		Vegetable Peeler	Dietary	20,000
59		Vegetable Sink	Dietary	5,000
60		Stretcher Chairs (3)	ER	12,000
61		Bed Scale	ICU	8,400
62		Diapact CRRT	ICU	41,400
63		Flo Trac (2)	ICU	89,700
64		Temperature Regulation System	ICU	35,000
65		Transport Monitors (2)	ICU	11,100
66		Cytofuge	Lab	5,500
67		Centrifuge	Lab	7,000
68		Double Headed Microscope	Lab	15,000
69		New Work Order Tracking System	Maintenance	6,000
70		Parking Lot repair/resurface	Maintenance	90,000
71		Vacuum System	Maintenance	98,300
72		Walkie Talkies	Maintenance	10,000
73		Bedside Tables 16	Med/Surg	8,000
74		IV Poles 10	Med/Surg	5,000
75		Stretcher	Med/Surg	7,000
76		Finish Leidos Upgarde	MIS	1,200,000
77		Giraffe Bed	NICU	29,000
78		Draeger Bed (2)	NICU	23,500
79		Bilicheck	NICU	10,000
80		Infant Transport	NICU	15,200
81		Barium Swallow Machine	Nursing	500000
82		Co2 and No2 Monitors (___ #?)	Nursing	65,000
83		20 Gal Sonic Washer	OR	50,700
84		Holmium Laser	OR	125,000
85		Neuro Mainframe	OR	35,000
86		New Flooring	OR	238,000
87		Universal Care Corp	OR	83,600
88		Video Bronchoscope (Duplicate?)	OR	21,000
89		Washer/Disinfector	OR	83,700
90		Replace Refrigerators (2)	Pharmacy	19,000
91		Replacement of BSV	Pharmacy	12,000
92		Replacement of LSFW (2)	Pharmacy	20,000
93		Replacement Workstations	Pharmacy	80,000
94		Stress EKG PICOM	VICC	6,340
95		PACEART	VICC	46,900
96		PICOM	VICC	45,500
97		Muse Version	VICC	181,800
98		Spacelab Monitors	VICC	40,500
99		Room Partition	VICC	15,000
100		TEE Probes	VICC	40,000
101		TVs	VICC	30,000
				11,006,063

Governor Juan F. Luis Hospital and Medical Center

Exhibit 4

AP Lisiting as of 071816

VENDOR NAME	VENDOR	NET AMOUNT
BUREAU OF INTERNAL REVENUE V.I.	A001550	12,476,673.02
V.I. WATER AND POWER AUTHORITY	A001176	8,778,097.26
ADVANCED RADIOLOGY LLC	A001871	8,553,613.53
GOVERNMENT EMPLOYEES' RETIREMENT	A002755	4,454,262.53
WORLDWIDE TRAVEL STAFFING, LTD.	A002485	4,303,643.70
INSURANCE REFUND	A000086	2,968,966.70
TRUSTAFF	A002935	1,164,618.12
INFORMATION RESOURCE MANAGEMENT	A004026	1,116,775.04
V.I. DEPARTMENT OF LABOR	A002379	1,035,620.00
V.I. GOVERNMENT HEALTH INSURANCE	A004190	848,567.94
THE STONE HOUSE GROUP, L.L.C.	A003044	835,646.70
TITAN NURSE STAFFING, LLC	A003642	605,922.11
WEATHERBY LOCUMS, INC.	A003678	566,649.17
MEDTRONIC LOGISTICS (USA)	A001678	547,670.82
BUSINESS CREDIT	A004237	536,333.59
V.I. HOSPITAL & MEDICAL SUPPLY	A000193	434,196.70
CARIB SUPPLY	A000103	355,184.70
PUERTO RICO HOSPITAL SUPPLY, INC.	A000196	285,194.33
JOHNSON CONTROL OF PUERTO RICO	A002986	260,340.00
THE ADVISORY BOARD COMPANY	A004861	251,869.80
PATIENT REFUND	A000085	247,229.08
MITEC MEDICAL, LLC. D/B/A	A004802	225,487.00
GLOBAL MEDICAL STAFFING, INC.	A005040	211,105.94
LEIDOS HEALTH	A004789	200,407.12
SOUTH DADE NEONATOLOGY	A004659	196,140.00
DELTER CORPORATION	A005116	192,104.00
J & K PMS	A004878	182,839.78
GETIXHEALTH HOLDING CORP. INC.	A004554	177,233.51
CALMED	A000201	154,004.00
THE GREELEY COMPANY	A002070	152,677.86
TITAN MEDICAL GROUP, LLC.	A004238	141,332.26
CRANEWARE INC.	A003610	132,750.39
MEDLINE INDUSTRIES, INC.	A000387	122,864.43
FLEMINGS' TRANSPORT CO., INC.	A000325	110,983.26
BIOMEDICAL INTERNATIONAL CORP.	A000094	110,968.69
ADVANCE EXPORT, INC.	A000520	106,335.60
KEITH & ASSOCIATES, INC.	A002977	106,087.46
CARDINAL HEALTH PHARMACY	A004299	78,026.24
MARSH RISK & INSURANCE SERVICE	A004135	77,699.77
ARMCHEM INTERNATIONAL CORP.	A003706	77,591.92

PSI SOLUTIONS, INC.	A004223	74,100.00
INNOVATIVE TELEPHONE, CORP.	A000055	63,367.01
SUPPLY RESOURCES, INC.	A000019	63,119.52
UNIVERSAL CARE CORPORATION	A001427	56,452.62
AMERICAN RED CROSS	A000013	50,440.73
UNITED ORTHOPEDIC CORPORATION	A005070	49,155.00
CARIBBEAN PROTECTION SYSTEMS	A002794	45,418.94
ABBOTT LABORATORIES P.R., INC.	A000236	38,696.70
MEDICAL INFORMATION TECHNOLOGY, INC	A001961	36,392.00
MICROPORT ORTHOPEDICS, INC.	A005093	36,314.81
MEDACTA USA, INC.	A004158	33,982.20
KITURE LAW FIRM	A004899	33,925.55
U & I MEDICAL DEVICES	A004733	31,055.00
INTEGRATED HEALTHCARE STRATEGIES,	A004560	30,597.00
REVA, INC.	A004540	25,615.00
BOSTON SCIENTIFIC/GUIDANT PR SALES	A002664	25,414.50
NEXGEN STRATEGIC CONSULTING, LLC.	A005096	22,000.00
QUALITY FOOD ST. CROIX	A003302	20,434.30
JOHALI MEDICAL, INC.	A004679	20,177.33
RAINBOW HOME	A004275	18,000.00
WRIGHT MEDICAL TECHNOLOGY, INC.	A003793	17,736.00
SMITH & NEPHEW	A003291	17,685.43
CACTUS, LLC.	A005099	17,073.23
GUARDIAN PROTECTION SYSTEM	A002686	17,025.50
CONFORMIS, INC.	A005172	16,100.00
ACCORD FINANCIAL, INC.	A003507	15,580.00
SOURCEHOV HEALTHCARE-LEXICODE	A004504	15,485.56
NATIONAL RESEARCH CORPORATION	A004673	14,706.91
AFLAC	A002728	14,098.33
CARIBBEAN HEALTHCARE SUPPLY	A005065	12,525.00
ADVANCED ORTHOPAEDIC SOLUTIONS	A004531	12,455.00
LABCONCO CORPORATION	A000294	12,342.65
ROPES & GRAY, LLP	A004912	12,240.00
Invoices < $10,000		535,054.63
		54,888,480.52