

Trinitas Regional Medical Center Obligated Group
Consolidated Balance Sheet
At December 31, 2015 and 2014
(Unaudited)

	December 2015	December 2014
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	\$ 125,157,730	\$ 97,965,650
Assets whose use is limited	5,618,861	5,617,404
Patient accounts receivable (less allowance for doubtful collections of \$30,032,000 in 2015 and \$28,726,000 in 2014)	24,364,632	27,481,532
Other receivables	2,626,250	2,357,469
Other current assets	5,257,856	5,142,127
Total current assets	163,025,329	138,564,182
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	90,045,927	92,104,617
Other internally designated	6,237,518	6,061,263
Held by trustee under bond indentures	13,047,329	13,042,379
Donor restricted	3,276,058	3,804,049
Investments	27,371,829	27,767,976
Total assets whose use is limited and investments	139,978,661	142,780,284
Beneficial Interest in Net Assets of Trinitas Health Foundation	7,358,304	6,133,359
Property and Equipment (net of accumulated depreciation of \$237,371,000 in 2015 and \$225,834,000 in 2014)	86,846,538	90,718,915
Other Assets	5,821,303	6,363,379
Total	\$ 403,030,135	\$ 384,560,119
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	\$ 7,339,132	\$ 7,516,528
Accounts payable, construction payable and accrued expenses	24,351,469	19,371,480
Deferred revenue	5,195,165	3,010,262
Accrued bond interest payable	2,999,516	3,127,938
Accrued salaries and wages	5,194,097	4,498,150
Estimated settlements with third-party payors	14,320,000	13,511,611
Total current liabilities	59,399,379	51,035,969
Estimated Settlements with Third-party Payors	44,554,972	35,180,528
Long-Term Debt	121,303,293	128,534,923
Other Long-Term Liabilities	18,852,008	20,112,714
Total liabilities	244,109,652	234,864,134
Net Assets		
Unrestricted	148,286,116	139,758,573
Temporarily restricted	7,599,203	6,961,762
Permanently restricted	3,035,164	2,975,650
Total net assets	158,920,483	149,695,985
Total	\$ 403,030,135	\$ 384,560,119

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Operations
For the Years Ended December 31, 2015 and 2014
(Unaudited)

	December 2015	December 2014
Revenues		
Net patient service revenue (net of contractual allowances, charity care and discounts)	\$ 235,724,411	\$ 230,769,662
Provision for bad debts	(17,404,925)	(19,459,208)
Net patient service revenue less provision for bad debts	218,319,486	211,310,454
Other revenue	76,252,049	85,443,685
Net assets released from restrictions used for operations	917,128	677,037
Total revenues	295,488,663	297,431,176
Expenses		
Salaries and wages	135,324,437	134,643,900
Employee benefits	25,620,500	26,176,939
Supplies and other	111,780,575	112,365,202
Depreciation	11,537,516	12,735,413
Interest	6,925,233	7,346,875
Total expenses	291,188,261	293,268,329
Operating Income	4,300,402	4,162,847
Nonoperating Gains and Losses		
Interest, dividends and other	4,128,385	3,664,289
Contributions	-	3,900,000
Net realized gains and losses on investments	3,058,569	1,468,577
Gain on sale of building and land	1,655,460	-
Change in fair value of interest rate swaps	44,613	(724,649)
Total nonoperating gains and losses	8,887,027	8,308,217
Medicare / Medicaid meaningful use funds	-	1,253,205
Revenues in Excess of Expenses	13,187,429	13,724,269
Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities	(7,367,939)	362,576
Net Assets Released From Restrictions Used for Purchase of Property and Equipment	2,708,053	1,268,627
Change in Beneficial Interest in Net Assets of Trinitas Health Foundation	-	800,000
Increase in Unrestricted Net Assets	\$ 8,527,543	\$ 16,155,472

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Changes in Net Assets
For the Years Ended December 31, 2015 and 2014
(Unaudited)

	December 2015	December 2014
Unrestricted Net Assets		
Revenues in excess of expenses	\$ 13,187,429	\$ 13,724,269
Change in net unrealized gains and losses on investments other than trading securities	(7,367,939)	362,576
Net assets released from restrictions used for purchase of property and equipment	2,708,053	1,268,627
Change in beneficial interest in net assets of Trinitas Health Foundation	-	800,000
	<u>8,527,543</u>	<u>16,155,472</u>
Temporarily Restricted Net Assets		
Contributions	3,113,120	2,877,771
Interest and dividends	37,094	57
Net assets released from restrictions	(3,625,181)	(2,745,664)
Change in beneficial interest in net assets of Trinitas Health Foundation	1,112,410	(98,534)
	<u>637,443</u>	<u>33,630</u>
Permanently Restricted Net Assets		
Change in beneficial interest in net assets of Trinitas Health Foundation	112,537	133,714
Change in net unrealized gains and losses on investments other than trading securities	(53,023)	100,320
	<u>59,514</u>	<u>234,034</u>
Increase in Net Assets	9,224,500	16,423,136
Net Assets		
Beginning of year	<u>149,695,983</u>	<u>133,272,849</u>
End of year	<u>\$ 158,920,483</u>	<u>\$ 149,695,985</u>

Trinitas Regional Medical Center Obligated Group
Consolidated Statement of Cash Flows
For the Years Ended December 31, 2015 and 2014
(Unaudited)

	December 2015	December 2014
Cash Flows from Operating Activities		
Increase in net assets	\$ 9,224,500	\$ 16,423,136
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	17,404,925	19,459,208
Depreciation	11,537,516	12,735,413
Amortization of deferred financing costs	174,827	181,403
Amortization of deferred bond discount and premium	(67,325)	(67,325)
Restricted contributions for capital additions	(2,708,053)	(1,268,627)
Change in beneficial interest in unrestricted net assets of Trinitas Health Foundation	-	(800,000)
Change in fair value of interest rate swaps	(44,613)	724,649
Change in net unrealized gains and losses on other than trading securities	7,367,939	(362,576)
Net realized gains and losses on investments	(3,058,569)	(1,468,577)
Gain from sale of building and land	(1,655,460)	-
Change in beneficial interest in net assets of Trinitas Health Foundation	(1,224,947)	(35,180)
Change in assets and liabilities:		
Patient accounts receivable	(14,288,025)	(19,806,833)
Other receivables	(268,781)	19,795
Other current assets and other assets	368,661	894,828
Accounts payable, construction payable and accrued expenses	5,023,088	(657,933)
Deferred revenue	2,199,490	(281,093)
Accrued bond interest payable	(128,422)	(115,345)
Accrued salaries and wages	695,947	485,279
Estimated settlements with third-party payors	10,182,833	7,960,871
Other long-term liabilities	(1,216,093)	1,033,387
Net cash provided by operating activities	39,519,438	35,054,480
Cash Flows from Investing Activities		
Acquisition of property and equipment and construction	(8,509,679)	(6,791,799)
Proceeds from sale of building and land	2,500,000	-
Sales of short-term investments, net	-	20,059,049
Purchases of investments and assets whose use is limited, net	(1,509,204)	(5,178,031)
Net cash provided by investing activities	(7,518,883)	8,089,219
Cash Flows from Financing Activities		
Restricted contributions for capital additions	2,708,053	1,268,627
Repayment of long-term debt and capitalized lease obligations	(7,516,528)	(6,676,528)
Net cash used in financing activities	(4,808,475)	(5,407,901)
Net Increase in Cash and Cash Equivalents	27,192,080	37,735,798
Cash and Cash Equivalents, Beginning	97,965,650	60,229,852
Cash and Cash Equivalents, Ending	\$ 125,157,730	\$ 97,965,650
Supplemental Disclosure of Cash Flow Information,		
Interest paid	\$ 6,905,259	\$ 7,222,951

Trinitas Regional Medical Center Obligated Group
Notes to Consolidated Financial Statements
December 31, 2015

1. Reporting Organizations

The consolidated financial statements include the accounts of Trinitas Regional Medical Center (the "Medical Center"), Marillac Corporation ("Marillac"), a wholly owned subsidiary of the Medical Center and Trinitas Physicians Practice, LLC. In 2000, Elizabeth General Medical Center and St. Elizabeth Hospital merged to form Trinitas Hospital, a not-for-profit, tax-exempt, voluntary, acute health care provider located in Elizabeth, New Jersey. Trinitas Hospital officially changed its name to Trinitas Regional Medical Center as of October 2008. The Medical Center provides inpatient, outpatient, and emergency care services for local residents. Admitting physicians are primarily practitioners from the local area.

Marillac, a not-for-profit, tax-exempt corporation pursuant to Section 501(c)(3) of the Internal Revenue Code, owns and operates a medical office building in Elizabeth, New Jersey.

Trinitas Physicians Practice, LLC, (TPP,LLC) a New Jersey professional limited liability company (LLC), a for-profit taxable entity.

The sole member of the Medical Center is Trinitas Health (the "Parent"), a tax-exempt holding company. Both the Parent and the Medical Center are tax-exempt organizations, pursuant to Section 501(c)(3) of the Internal Revenue Code.

The Medical Center is an affiliated member of the Parent, the controlling entity. Other affiliates of Trinitas Health include: Trinitas Healthcare Corporation and subsidiary, Trinitas Health Services Corporation, and Trinitas Health Foundation and Affiliate (the "Foundation"). Only the Medical Center's financial statements and its subsidiaries and TPP,LLC are presented herein. The Parent's affiliates, with the exception of Trinitas Health Services Corporation, are not-for-profit, tax-exempt organizations. Trinitas Health Services Corporation is a for-profit, taxable entity.

2. Presentation

The consolidated financial statements are unaudited and include all adjustments which are, in the opinion of Management, necessary for a fair presentation of the Obligated Group's financial position as of December 31, 2015 and 2014, its result of operations and its changes in net assets and cash flows for the years ended December 31, 2015 and 2014 in conformity with accounting principles generally accepted in the United States of America. Certain information and footnote disclosures normally included in financial statements prepared in accordance with such accounting principles have been omitted.

These consolidated financial statements should be read in conjunction with Trinitas Regional Medical Center's audited consolidated financial statements and notes thereto for the years ended December 31, 2014.

3. Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectability of patient accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful collections and provision for doubtful collections. For receivables associated with services provided to patients with third party insurance coverage (partial or complete) and patients with no coverage (partial or none), the Medical Center analyzes contractually due amounts and provides an allowance for doubtful collections and a provision for doubtful collections, if necessary. For receivables associated with patients with no insurance

(partial or complete) (which includes both patients without insurance and patients with deductible and copayment balances due), the Medical Center records a significant provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful collections.

The Medical Center's allowance for doubtful collections for self-pay patients decreased to 92.8% of self-pay accounts receivable at December 31, 2015 from 96.9% of self-pay accounts receivable at December 31, 2014. The Medical Center had not changed its financial assistance policy in 2015.

4. Net Patient Service Revenue

The Medical Center reports net patient service revenue at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including an estimate for retroactive adjustments that may occur as a result of future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, review and investigations. Net patient service revenue as reported in the consolidated statements of operations is reduced both by (1) estimated allowances for the excess of charges over anticipated patient or third party payor payments and (2) a provision for doubtful collections. Certain of the health care services provided by the Medical Center are reimbursed by third party payors on the basis of the lower of cost or charges, with costs subject to certain imposed limitations.

Patient accounts receivable are reported at net realizable value and include charges for accounts due from Medicare, Medicaid, other commercial and managed care insurers, and self-paying patients (Note 3). Patient accounts receivable also includes management's estimate of the impact of certain undercharges to be recouped or overcharges to be paid back for inpatient and outpatient services in subsequent years rates as discussed above. Deducted from patient accounts receivable are estimates of doubtful collections related to patients and allowances for the excess of charges over the payments to be received from third party payors.

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. The Medical Center recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenues on the basis of its standard rates, discounted in accordance with the Medical Center's policy. On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable to pay for the services provided. Thus, the Medical Center records a significant provision for doubtful collections related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision for doubtful collections), recognized in December 31, 2015 and 2014 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				Total
	Medicare	Medicaid	Other Third Party Payors	Self Pay and Other	
December 31, 2015	\$ 71,751,800	\$ 82,437,330	\$ 61,856,267	\$ 19,679,014	\$ 235,724,411
December 31, 2014	\$ 73,185,951	\$ 75,154,692	\$ 60,244,779	\$ 22,184,240	\$ 230,769,662

5. Subsequent Events

The Medical Center evaluated subsequent events for recognition or disclosure through February 9, 2015, the date the financial statements were available to be issued.

The City of Elizabeth has advised the Medical Center of its intentions to remove all of the Medical Center's properties from the current tax exempt status and will place the properties on the real estate property tax rolls. The City has not finalized determining the appraised values or the amount of tax assessment. The Medical Center plans to file an appeal with the City of Elizabeth challenging the change in tax status of the Medical Center's properties by April 1, 2016.

6. New Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. ASU No. 2014-09 supersedes the revenue recognition requirements in Topic 605, Revenue Recognition, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to customers (residents) in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Medical Center will be required to retrospectively adopt the guidance in ASU No. 2014-09 for the years beginning after December 15, 2017. The Medical Center has not yet determined the impact of adoption of ASU No. 2014-09 on its financial statements.

In April 2015, the Financial Accounting Standards Board ("FASB") issued ASU 2015-03 (*Interest – Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs*). ASU 2015-03 is part of FASB's Simplification Initiative, a FASB initiative to reduce complexity in its accounting standards. ASU 2015-03 is effective for fiscal years beginning after December 15, 2015 for all entities (i.e. December 2016). The new authoritative guidance requires entities to report debt issuance costs in their balance sheet as a reduction of its related debt. Entities are also required to report the amortization of debt issuance costs as interest expense in the income statement. As a result of adopting the new authoritative guidance, the Medical Center reclassified its debt issuance costs as of December 31, 2015 and 2014, by \$1,906,000 and \$1,731,000, respectively, as a reduction of its long-term debt, and its amortization of debt issuance costs by \$175,000 and \$181,000, respectively, as interest expense. No other reclassifications or modifications have been made to the Medical Center's 2015 financial statements as a result of adoption ASU 2015-03.

7. Net Patient Service Revenues

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A significant portion of the Medical Center's net patient service revenue is derived from these third-party payor programs. A summary of the principal payment arrangements with major third-party payors follows:

- Medicare: Inpatient acute care and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. Certain items, such as Medicare bad debts, are paid based on a cost reimbursement methodology. Reimbursements for cost reimbursable items are received at tentative interim rates, with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been settled by the Medicare fiscal intermediary through December 31, 2009, except for December 31, 2005.

- Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are paid based on a cost reimbursement methodology. The Hospital's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through December 31, 2012.

Revenue received under third-party arrangements is subject to audit and retroactive adjustments. Net patient service revenues include adjustments of \$-0- for the years ended December 31, 2015 and 2014, respectively, related to tentative and final settlements of prior year cost reports and other settlements.

The Medical Center also has entered into payment agreements with certain managed care organizations, commercial insurance carriers, and preferred provider organizations. The basis for payment to the Medical Center under these agreements includes daily rates, rates per discharge, and discounts from established charges.

8. Charity Care and Subsidy Payments

The Medical Center receives subsidy payments from the State of New Jersey to partially fund charity care and certain other program costs. Subsidy payments included in other revenue for the years ended December 31, 2015 and 2014 are as follows:

	<u>2015</u>	<u>2014</u>
Charity care	\$ 37,854,227	\$ 43,151,402
Delivery System Reform Incentive Payment / Hospital relief	6,597,856	9,225,582
Mental health	<u>1,661,902</u>	<u>1,631,980</u>
Total	<u>\$ 46,113,985</u>	<u>\$ 54,008,964</u>

The Medical Center, as part of its mission, provides medical care without charge or at reduced charges to residents of its community through the provision of charity care. The Medical Center's definition of charity care is in accordance with state regulations and includes services provided at no charge to the uninsured or underinsured.

9. Derivative Financial Instrument

In June 2006, the Medical Center entered into an interest rate swap with a start date of July 1, 2006, and expiration date of July 1, 2035, based on the notional amount of approximately fifty percent (50%) of the principal amount of the Series 2006 Bonds \$7,430,000. At December 31, 2015 and 2014, the Medical Center's interest rate swap agreement had a notional principal amount of \$6,345,000 and \$6,497,500, respectively. According to the terms of the swap contract, the Medical Center will pay a 5.826% rate in return for receiving one month LIBOR rate.

The fair value of the swap at December 31, 2015 and 2014 was a liability of \$2,527,099 and \$2,571,712, respectively, and is included in other long-term liabilities in the accompanying consolidated balance sheet. For the years ended December 31, 2015 and 2014, the change in the fair value of the interest rate swap resulted in an unrealized gain of \$44,613 and an unrealized loss of \$724,649, respectively, and is included in non-operating gains and losses in the consolidated statement of operations.

10. Meaningful Use

Under certain provisions of the American Recovery and Reinvestment Act of 2009, federal incentive payments are available to hospitals, physicians and certain other professionals ("providers") when they adopt certified electronic health record ("EHR") technology or become "meaningful users" of EHRs in ways that demonstrate improved quality, safety and effectiveness of care. Medicare and Medicaid providers can receive their initial incentive payment by adopting implementing or upgrading certified EHR technology, but must demonstrate meaningful use of EHRs in subsequent years in order to qualify for additional payments. Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments. The Medical Center accounts for EHR payments using the contingency method, whereby, revenue is recognized when all contingencies are satisfied.

At December 31, 2015 and 2014, the EHR incentive payments received from the Medicare and Medicaid programs is reflected in estimated settlements with third party payors on the balance sheet in the amounts of \$2.7 million and \$2.9 million, respectively, which will be recognized as non-operating revenue when the Medical Center has satisfied the statutory and regulatory requirements. For the years ended December 31, 2015 and 2014, no amounts were recognized in the consolidated statement of operations, respectively.

11. Letter of Credit

The bank issued letter of credit, which backs the Series 2006 Variable Rate Demand Bonds, expiration date has been extended to February of 2017. If the annual renewal of Letter of Credit is not extended by the bank, the reimbursement Agreement provides for one additional year after the expiration date before the actual termination of the Letter of Credit.

12. Sale of Jersey Street Campus

In June 2015, the Medical Center sold the Jersey Street Campus and received \$2.5 million in cash proceeds that resulted in a gain on the sale of building and land in the amount of \$1.7 million which is reflected in the non-operating gains and losses on the consolidated statement of operations for the year ended December 31, 2015.

13. Emergency Room Department

The Medical Center's Board approved the updating and renovating of the Medical Center's emergency room department and adding additional ICU beds. The project also involves architectural, engineering, mechanical studies, relocation of various departments, demolition, purchasing a new CT scan, renovation and new construction. The expected costs for the project are approximately \$18 million. The project was started in the summer of 2015 and will take eighteen to twenty four months to complete.

**TRINITAS REGIONAL MEDICAL CENTER
2015 BUDGET COMPARATIVE
INPATIENT STATISTICS**

	YTD-DEC					2014	2015-
	NEWPOINT	WILLIAM	ACTUAL	BUDGET	VARIANCE	ACTUAL	2014
						TOTAL	VARIANCE
ADMISSIONS							
MEDICAL	0	7,745	7,745	8,485	(740)	8,438	(693)
SURGICAL	0	2,020	2,020	2,100	(80)	2,077	(57)
OBSTETRICS	0	2,191	2,191	2,340	(149)	2,325	(134)
NEWBORN	0	2,089	2,089	2,210	(121)	2,203	(114)
ADULT & ED PSYCH	1,493	0	1,493	1,340	153	1,353	140
ADOLESCENT PSYCH	499	0	499	433	66	452	47
DEVELOP DISABLED	300	0	300	283	17	280	20
	<u>2,292</u>	<u>14,045</u>	<u>16,337</u>	<u>17,191</u>	<u>(854)</u>	<u>17,128</u>	<u>(791)</u>
SAME DAY SURGERY	0	5,488	5,488	4,368	1,120	4,829	659
	<u>2,292</u>	<u>19,533</u>	<u>21,825</u>	<u>21,559</u>	<u>266</u>	<u>21,957</u>	<u>(132)</u>
INTERMEDIATE PSYCH	191	0	191	220	(29)	199	(8)
RESIDENTIAL UNIT	18	0	18	9	9	11	7
LONG TERM CARE	370	0	370	318	52	311	59
	<u>579</u>	<u>0</u>	<u>579</u>	<u>547</u>	<u>32</u>	<u>521</u>	<u>58</u>
PATIENT DAYS							
MEDICAL	0	38,744	38,744	42,977	(4,233)	42,280	(3,536)
SURGICAL	0	14,489	14,489	15,262	(773)	15,273	(784)
OBSTETRICS	0	6,003	6,003	6,327	(324)	6,309	(306)
NEWBORN	0	6,185	6,185	6,063	122	6,226	(41)
ADULT & ED PSYCH	14,831	0	14,831	13,587	1,244	14,458	373
ADOLESCENT PSYCH	4,456	0	4,456	4,126	330	4,213	243
DEVELOP DISABLED	3,185	0	3,185	3,116	69	3,118	67
	<u>22,472</u>	<u>65,421</u>	<u>87,893</u>	<u>91,458</u>	<u>(3,565)</u>	<u>91,877</u>	<u>(3,984)</u>
SAME DAY SURGERY	0	5,488	5,488	4,368	1,120	4,829	659
	<u>22,472</u>	<u>70,909</u>	<u>93,381</u>	<u>95,826</u>	<u>(2,445)</u>	<u>96,706</u>	<u>(3,325)</u>
INTERMEDIATE PSYCH	7,907	0	7,907	8,754	(847)	8,228	(321)
RESIDENTIAL UNIT	5,149	0	5,149	5,430	(281)	5,383	(234)
LONG TERM CARE	42,984	0	42,984	44,039	(1,055)	44,255	(1,271)
	<u>56,040</u>	<u>0</u>	<u>56,040</u>	<u>58,223</u>	<u>(2,183)</u>	<u>57,866</u>	<u>(1,826)</u>
ALOS							
MEDICAL	0.0	5.0	5.0	5.1	(0.1)	5.0	0.0
SURGICAL	0.0	7.2	7.2	7.3	(0.1)	7.4	(0.2)
OBSTETRICS	0.0	2.7	2.7	2.7	0.0	2.7	0.0
NEWBORN	0.0	3.0	3.0	2.7	0.3	2.8	0.2
ADULT & ED PSYCH	9.9	0.0	9.9	10.1	(0.2)	10.7	(0.8)
ADOLESCENT PSYCH	8.9	0.0	8.9	9.5	(0.6)	9.3	(0.4)
DEVELOP DISABLED	10.6	0.0	10.6	11.0	(0.4)	11.1	(0.5)
TOTAL W/O SDS	<u>9.8</u>	<u>4.7</u>	<u>5.4</u>	<u>5.3</u>	<u>0.1</u>	<u>5.4</u>	<u>0.0</u>
INTERMEDIATE PSYCH	41.4	0.0	41.4	39.8	1.6	41.3	0.1
RESIDENTIAL UNIT	286.1	0.0	286.1	603.3	(317.2)	489.4	(203.3)
LONG TERM CARE	116.2	0.0	116.2	138.5	(22.3)	142.3	(26.1)
	<u>96.8</u>	<u>0.0</u>	<u>96.8</u>	<u>106.4</u>	<u>(9.6)</u>	<u>111.1</u>	<u>(14.3)</u>
CARDIAC CATH LAB I/P							
CARDIAC CATHS	0	385	385	370	15		
EMERGENCY ANGIO	0	5	5	5	0		
ELECTIVE ANGIO	0	105	105	60	45		
VASCULAR	0	44	44	40	4		
TOTAL	<u>0</u>	<u>539</u>	<u>539</u>	<u>475</u>	<u>64</u>		

**TRINITAS REGIONAL MEDICAL CENTER
2015 BUDGET COMPARATIVE
OUTPATIENT STATISTICS**

	YTD-DEC			2014	2015-
	ACTUAL	BUDGET	VARIANCE	ACTUAL	2014
				TOTAL	VARIANCE
EMERGENCY ROOM					
NEWPOINT-PSYCH O/P VISITS	1,847	2,127	(280)	2,023	(176)
WILLIAMSON O/P VISITS	59,720	60,015	(295)	59,799	(79)
TOTAL O/P	61,567	62,142	(575)	61,822	(255)
NEWPOINT ADMISSIONS	1,790	1,555	235	1,567	223
WILLIAMSON ADMISSIONS	8,032	8,909	(877)	8,974	(942)
TOTAL ADMISSIONS	9,822	10,464	(642)	10,541	(719)
% Total ADMISSIONS FROM ER	60.12%	60.87%		61.54%	
TOTAL EMERGENCY ROOM VISITS	71,389	72,606	(1,217)	72,363	(974)
OBSERVATION					
WSC OBSERVATION CASES	1,487	1,200	287	1,167	320
NPC OBSERVATION CASES	316	270	46	290	26
TOTAL OBSERVATION	1,803	1,470	333	1,457	346
CLINICS					
ALCOHOL CLINIC	36,600	41,000	(4,400)	43,257	(6,657)
PSYCH PARTIAL HOSP ADULT FEE	3,453	1,690	1,763	2,072	1,381
PSYCH PARTIAL HOSP ADULT CHG	1,581	3,140	(1,559)	2,613	(1,032)
PSYCH PARTIAL HOSPITAL ADOL	1,953	3,566	(1,613)	3,227	(1,274)
O/P PSYCH VISITS ADULT FEE	9,564	7,742	1,822	7,859	1,705
O/P PSYCH VISITS ADULT CHG	34,587	37,798	(3,211)	32,734	1,853
O/P PSYCH VISITS ADOLESCENT	114,559	127,278	(12,719)	130,159	(15,600)
TOTAL PSYCH CLINICS (1)	202,297	222,214	(19,917)	221,921	(19,624)
D.B.HERSH CLINIC	8,574	9,490	(916)	9,237	(663)
PEDIATRIC HEALTH CENTER	8,712	8,877	(165)	8,885	(173)
WOMENS HEALTH CENTER	22,507	22,500	7	22,666	(159)
WOUND HEALING CENTER	4,558	4,160	398	4,095	463
MEDICAL CLINIC (EID)	1,558	1,685	(127)	1,692	(134)
TOTAL MEDICAL CLINICS	45,909	46,712	(803)	46,575	(666)
TOTAL CLINICS	248,206	268,926	(20,720)	268,496	(20,290)
CANCER CENTER					
OFFICE VISITS	7,371	7,000	371	7,102	269
INFUSION TREATMENTS	7,731	7,776	(45)	7,833	(102)
RADIATION TREATMENTS	6,151	6,095	56	6,213	(62)
CANCER CENTER TOTAL(1)	21,253	20,871	382	21,148	105
PRIVATE AMBULATORY					
SLEEP CENTER	1,266	1,100	166	1,181	85
OTHER PRIVATE REFERRED (2)	57,891	48,925	8,966	53,135	4,756
TOTAL PRIVATE AMBULATORY	59,157	50,025	9,132	54,316	4,841
O/P RENAL TREATMENTS					
O/P HEMODIALYSIS	19,772	20,076	(304)	20,702	(930)
HOME DIALYSIS	0	333	(333)	227	(227)
LINDEN SATELLITE	12,992	10,901	2,091	11,065	1,927
TOTAL RENAL TREATMENTS	32,764	31,310	1,454	31,994	770
MICU RUNS	3,430	3,518	(88)	3,530	(100)
AMBULANCE RUNS	5,195	4,750	445	4,458	737
TOTAL O/P VISITS (INCLUDING SDS)	438,863	447,380	(8,517)	452,050	(13,187)
CARDIAC CATH LAB O/P					
CARDIAC CATHS (3)	517	530	(13)		
EMERGENCY ANGIOPLASTY	35	44	(9)		
ELECTIVE ANGIOPLASTY	162	171	(9)		
VASCULAR CASES	25	10	15		
TOTAL	739	755	(16)		

(1) CORRECTIONS HAVE BEEN MADE IN THE YEAR TO DATE TOTALS FOR REALLOCATION BETWEEN SERVICES

(2) PRIVATE O/P REFERRALS INCLUDES THE FOLLOWING:
OTHER O/P PROCEDURES (MONTH & YTD): ACTUAL=136 & 1613
O/P ENDOSCOPY (MONTH & YTD): ACTUAL=334 & 4240
HYPERBARIC (MONTH & YTD): ACTUAL=57 & 1104

(3) OP CATH LAB CASES ARE ALREADY INCLUDED IN PRIVATE REFERRED STATISTICS

Trinitas Regional Medical Center Obligated Group
 Debt Service Calculation Certificate
 (Twelve Month Rolling Average)

	<u>December 2015</u>
Funds Available for Debt Service	
Net increase in unrestricted net assets	\$ 8,527,543
Reconciling items:	
Depreciation and amortization	11,537,516
Interest	6,925,233
Net assets released from restrictions used for purchase of property and equipment	(2,708,053)
Gain on sale of building	(1,655,460)
Change in fair value of interest rate swaps	(44,613)
Change in net unrealized gains and losses on investments other than trading securities	<u>7,367,939</u>
Total	<u>\$ 29,950,105</u>
Maximum annual debt service	<u>\$ 14,233,970</u>
Actual ratio	2.10
Required ratio	1.25

Trinitas Regional Medical Center Obligated Group

**Cushion Ratio Calculation Certificate
(Twelve Month Rolling Average)**

	<u>December 2015</u>
Cushion Ratio	
Cash and investments	\$ 145,656,791
Internally designated funds	90,501,929
Total	<u>236,158,721</u>
Maximum Annual Debt Service	
Series 2007A, 2007B, and 2006 bonds payable	\$ 12,373,838
Notes payable	1,860,132
Total Maximum Annual Debt Service	<u>\$ 14,233,970</u>
Cushion ratio	16.59
Required ratio	1.25