Trinitas Regional Medical Center Obligated Group
Consolidated Balance Sheet
At March 31, 2016 and December 31,2015
(Unaudited)

	March 2016	December 2015
Assets		
Current Assets:		
Cash and cash equivalents (includes certificates of deposit)	$ 121,761,177	$ 125,157,730
Assets whose use is limited	5,439,097	5,618,861
Patient accounts receivable (less allowance for doubtful collections of $28,345,000 in 2016 and $30,032,000 in 2015)	23,227,528	24,364,632
Other receivables	4,670,421	2,626,250
Other current assets	6,245,872	5,257,856
Total current assets	161,344,095	163,025,329
Assets Whose Use is Limited and Investments		
Assets whose use is limited:		
Internally designated	92,169,018	90,045,927
Other internally designated	6,240,150	6,237,518
Held by trustee under bond indentures	13,048,440	13,047,329
Donor restricted	3,148,566	3,276,058
Investments	27,921,877	27,371,829
Total assets whose use is limited and investments	142,528,051	139,978,661
Beneficial Interest in Net Assets of Trinitas Health Foundation	7,124,133	7,646,904
Property and Equipment (net of accumulated depreciation of $240,433,000 in 2016 and $237,371,000 in 2015)	85,562,238	86,846,538
Other Assets	5,865,541	5,821,303
Total	$ 402,424,058	$ 403,318,735
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	$ 6,855,000	$ 7,339,132
Accounts payable, construction payable and accrued expenses	23,081,912	24,351,469
Deferred revenue	3,485,227	5,195,165
Accrued bond interest payable	1,468,249	2,999,516
Accrued salaries and wages	3,163,113	5,194,097
Estimated settlements with third-party payors	13,756,976	14,320,000
Total current liabilities	51,810,477	59,399,379
Estimated Settlements with Third-party Payors	47,391,738	44,554,972
Long-Term Debt	121,328,448	121,303,293
Other Long-Term Liabilities	19,166,793	18,852,008
Total liabilities	239,697,456	244,109,652
Net Assets		
Unrestricted	152,453,898	148,286,116
Temporarily restricted	7,214,569	7,887,803
Permanently restricted	3,058,135	3,035,164
Total net assets	162,726,602	159,209,083
Total	$ 402,424,058	$ 403,318,735

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Operations

For the Three Months March 31, 2016 and 2015

(Unaudited)

	March 2016	March 2015
Revenues		
Net patient service revenue (net of contractual allowances, charity care and discounts)	$ 59,571,622	$ 57,190,576
Provision for bad debts	(4,094,566)	(4,550,460)
Net patient service revenue less provision for bad debts	55,477,056	52,640,116
Other revenue	17,558,688	19,834,323
Net assets released from restrictions used for operations	284,145	213,252
Total revenues	73,319,889	72,687,691
Expenses		
Salaries and wages	34,001,577	32,854,630
Employee benefits	6,468,916	6,507,974
Supplies and other	27,575,147	27,783,078
Depreciation	3,062,237	3,172,266
Interest	1,640,871	1,809,125
Total expenses	72,748,748	72,127,073
Operating Income	571,141	560,618
Nonoperating Gains and Losses		
Interest, dividends and other	995,325	976,721
Net realized gains and losses on investments	(59,417)	2,086,097
Change in fair value of interest rate swaps	(363,128)	(204,825)
Total nonoperating gains and losses	572,780	2,857,993
Revenues in Excess of Expenses	1,143,921	3,418,611
Change in Net Unrealized Gains and (Losses) on Investments Other Than Trading Securities	1,793,729	(1,048,705)
Net Assets Released From Restrictions Used for Purchase of Property and Equipment	1,230,132	889,272
Increase in Unrestricted Net Assets	$ 4,167,782	$ 3,259,178

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Changes in Net Assets

For the Three Months March 31, 2016 and 2015

(Unaudited)

	March 2016	March 2015
Unrestricted Net Assets		
Revenues in excess of expenses	$ 1,143,921	$ 3,418,611
Change in net unrealized gains and losses on investments other than trading securities	1,793,729	(1,048,705)
Net assets released from restrictions used for purchase of property and equipment	1,230,132	889,272
Increase (decrease) in unrestricted net assets	4,167,782	3,259,178
Temporarily Restricted Net Assets		
Contributions	1,367,307	1,053,413
Interest and dividends	-	30,847
Net assets released from restrictions	(1,514,277)	(1,102,524)
Change in beneficial interest in net assets of Trinitas Health Foundation	(526,264)	(554,811)
Increase (decrease) in temporarily restricted net assets	(673,234)	(573,075)
Permanently Restricted Net Assets		
Change in beneficial interest in net assets of Trinitas Health Foundation	3,493	1,151
Change in net unrealized gains and losses on investments other than trading securities	19,478	8,657
Increase (decrease) in permanently restricted net assets	22,971	9,808
Increase (Decrease) in Net Assets	3,517,519	2,695,911
Net Assets		
Beginning of year	159,209,083	149,695,983
End of year	$ 162,726,602	$ 152,391,894

Trinitas Regional Medical Center Obligated Group

Consolidated Statement of Cash Flows

For the Three Months March 31, 2016 and 2015

(Unaudited)

	March 2016	March 2015
Cash Flows from Operating Activities		
Increase in net assets	$ 3,517,519	$ 2,695,911
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Provision for bad debts	4,094,566	4,550,460
Depreciation	3,062,237	3,172,266
Amortization of deferred financing costs	41,985	43,707
Amortization of deferred bond discount and premium	(16,830)	(16,830)
Restricted contributions for capital additions	(1,230,132)	(889,272)
Change in fair value of interest rate swaps	363,128	204,825
Change in net unrealized gains and losses on other than trading securities	(1,793,729)	1,048,705
Net realized gains and losses on investments	59,417	(2,086,097)
Change in beneficial interest in net assets of Trinitas Health Foundation	522,771	553,660
Change in assets and liabilities:		
Patient accounts receivable	(2,957,462)	(1,767,816)
Other receivables	(2,044,171)	(3,697,990)
Other current assets and other assets	(1,060,011)	(1,283,587)
Accounts payable, construction payable and accrued expenses	(1,241,800)	2,311,195
Deferred revenue	(1,709,938)	2,497,753
Accrued bond interest payable	(1,531,267)	(1,495,519)
Accrued salaries and wages	(2,030,984)	2,871,629
Estimated settlements with third-party payors	2,273,742	1,556,122
Other long-term liabilities	(48,343)	128,657
Net cash provided by (used in) operating activities	(1,729,302)	10,397,779
Cash Flows from Investing Activities		
Acquisition of property and equipment and construction	(1,777,937)	(1,807,616)
Purchases of investments and assets whose use is limited, net	(635,314)	1,048,978
Net cash provided by (used in) investing activities	(2,413,251)	(758,638)
Cash Flows from Financing Activities		
Restricted contributions for capital additions	1,230,132	889,272
Repayment of long-term debt and capitalized lease obligations	(484,132)	(484,133)
Net cash Provided by (used in) financing activities	746,000	405,139
Net Increase (Decrease) in Cash and Cash Equivalents	(3,396,553)	10,044,280
Cash and Cash Equivalents, Beginning	125,157,730	97,959,973
Cash and Cash Equivalents, Ending	$ 121,761,177	$ 108,004,253
Supplemental Disclosure of Cash Flow Information,		
Interest paid	$ 3,138,175	$ 3,293,983

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 March 31, 2016 and December 31, 2015, its result of operations and its changes in net assets and cash flows for the three months ended March 31, 2016 and 2015 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, 2015.

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 91.2% of self-pay accounts receivable at March 31, 2016 from 92.8% of self-pay accounts receivable at December 31, 2015. The Medical Center had not changed its financial assistance policy in 2016.

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 March 31, 2016 and 2015 from these major payor sources, are as follows:

	Patient Service Revenues (Net of Contractual Allowances and Discounts)				
	Medicare	Medicaid	Other Third Party Payors	Self Pay and Other	Total
March 31, 2016	$ 18,051,115	$ 20,697,044	$ 15,736,909	$ 5,086,554	$ 59,571,622
March 31, 2015	$ 18,041,623	$ 18,693,178	$ 15,250,806	$ 5,204,969	$ 57,190,576

5. **Subsequent Events**

The Medical Center evaluated subsequent events for recognition or disclosure through April 27, 2016, the date the financial statements were available to be issued.

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 March 31, 2016 and 2015, by $1,514,000 and $1,687,000, respectively, as a reduction of its long-term debt, and its amortization of debt issuance costs by $42,000 and $44,000, respectively, as interest expense. No other reclassifications or modifications have been made to the Medical Center's 2016 financial statements as a result of adoption ASU 2015-03.

In February 2016, the FASB issued Accounting Standards Update ASU No. 2016-02, *Leases* (Topic 842). ASU No. 2016-02 was issued to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. Under the provisions of ASU No. 2016-02, a lessee is required to recognize a right-to-use asset and lease liability, initially measured at the present value of the lease payments, in the balance sheet. In addition, lessees are required to provide qualitative and quantitative disclosures that enable users to understand more about the nature of the Medical Center's leasing activities. The Medical Center will be required to retrospectively adopt the guidance in ASU No. 2016-02 for years beginning after December 15, 2018. The Medical Center has not yet determined the impact of adoption of ASU No. 2016-02 on its financial statements.

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, 2013.

Revenue received under third-party arrangements is subject to audit and retroactive adjustments. Net patient service revenues include no adjustments for the three months ended March 31, 2016 and 2015, 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 three months ended March 31, 2016 and 2015 are as follows:

	2016	2015
Charity care	$ 8,376,393	$ 10,550,721
Delivery System Reform Incentive Payment	1,709,010	1,589,916
Mental health	422,956	407,995
Total	$ 10,508,359	$ 12,548,632

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 March 31, 2016 and December 31, 2015, the Medical Center's interest rate swap agreement had a notional principal amount of $6,345,000, 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 March 31, 2016 and 2015 was a liability of $2,890,227 and $2,527,099, respectively, and is included in other long-term liabilities in the accompanying consolidated balance sheet. For the three months ended March 31, 2016 and 2015, the change in the fair value of the interest rate swap resulted in an unrealized loss of $363,128 and $204,825, 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 March 31, 2016 and 2015, 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 amount of $2.7 million, respectively, which will be recognized as non-operating revenue when the Medical Center has satisfied the statutory and regulatory requirements. For the three months ended March 31, 2016 and 2015, 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. Emergency Room Department

In 2014 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 involved architectural, engineering, mechanical studies, relocation of various departments, demolition, purchasing a new CT scan, renovation and new construction. Estimated costs for the project are approximately $18 million. For the three months ended March 31, 2016 and 2015, the monies spent to date for the project amounted to $1,971,631 and $364,333, respectively. The project began in the summer of 2015 and the expected completion date is mid-2017.

13. Real Estate Taxes

As a not-for-profit corporation in New Jersey, the Medical Center is an organization which has historically qualified for an exemption from real property taxes; however, a number of cities and municipalities in New Jersey have challenged and continue to challenge such exemption. 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 has filed an appeal with the City of Elizabeth challenging the change in tax status of the Medical Center's properties. The financial effects of this matter on the Medical Center are not presently determinable.

TRINITAS REGIONAL MEDICAL CENTER
2016 BUDGET COMPARATIVE
INPATIENT STATISTICS

	YTD-MAR					2015 ACTUAL	2016-2015
	NEWPOINT	WILLIAM	ACTUAL	BUDGET	VARIANCE	TOTAL	VARIANCE
ADMISSIONS							
MEDICAL	0	2,056	2,056	2,107	(51)	2,076	(20)
SURGICAL	0	426	426	529	(103)	515	(89)
OBSTETRICS	0	534	534	538	(4)	540	(6)
NEWBORN	0	507	507	503	4	505	2
ADULT & ED PSYCH	415	0	415	362	53	343	72
ADOLESCENT PSYCH	131	0	131	153	(22)	150	(19)
DEVELOP DISABLED	79	0	79	64	15	65	14
	625	3,523	4,148	4,256	(108)	4,194	(46)
SAME DAY SURGERY	0	1,402	1,402	1,306	96	1,281	121
	625	4,925	5,550	5,562	(12)	5,475	75
INTERMEDIATE PSYCH	52	0	52	46	6	49	3
RESIDENTIAL UNIT	3	0	3	4	(1)	4	(1)
LONG TERM CARE	85	0	85	83	2	70	15
	140	0	140	133	7	123	17
PATIENT DAYS							
MEDICAL	0	10,032	10,032	10,609	(577)	10,719	(687)
SURGICAL	0	2,993	2,993	3,586	(593)	3,534	(541)
OBSTETRICS	0	1,473	1,473	1,442	31	1,441	32
NEWBORN	0	1,498	1,498	1,425	73	1,469	29
ADULT & ED PSYCH	3,634	0	3,634	3,842	(208)	3,770	(136)
ADOLESCENT PSYCH	1,105	0	1,105	1,190	(85)	1,106	(1)
DEVELOP DISABLED	789	0	789	808	(19)	796	(7)
	5,528	15,996	21,524	22,902	(1,378)	22,835	(1,311)
SAME DAY SURGERY	0	1,402	1,402	1,306	96	1,281	121
	5,528	17,398	22,926	24,208	(1,282)	24,116	(1,190)
INTERMEDIATE PSYCH	1,996	0	1,996	1,970	26	2,045	(49)
RESIDENTIAL UNIT	1,326	0	1,326	1,295	31	1,300	26
LONG TERM CARE	10,894	0	10,894	10,758	136	10,629	265
	14,216	0	14,216	14,023	193	13,974	242
ALOS							
MEDICAL	0.0	4.9	4.9	5.0	(0.1)	5.2	(0.3)
SURGICAL	0.0	7.0	7.0	6.8	0.2	6.9	0.1
OBSTETRICS	0.0	2.8	2.8	2.7	0.1	2.7	0.1
NEWBORN	0.0	3.0	3.0	2.8	0.2	2.9	0.1
ADULT & ED PSYCH	8.8	0.0	8.8	10.6	(1.8)	11.0	(2.2)
ADOLESCENT PSYCH	8.4	0.0	8.4	7.8	0.6	7.4	1.0
DEVELOP DISABLED	10.0	0.0	10.0	12.6	(2.6)	12.2	(2.2)
TOTAL W/O SDS	8.8	4.5	5.2	5.4	(0.2)	5.4	(0.2)
INTERMEDIATE PSYCH	38.4	0.0	38.4	42.8	(4.4)	41.7	(3.3)
RESIDENTIAL UNIT	442.0	0.0	442.0	323.8	118.2	325.0	117.0
LONG TERM CARE	128.2	0.0	128.2	129.6	(1.4)	151.8	(23.6)
	101.5	0.0	101.5	105.4	(3.9)	113.6	(12.1)
CARDIAC CATH LAB I/P							
CARDIAC CATHS	0	94	94	92	2		
EMERGENCY ANGIO	0	0	0	2	(2)		
ELECTIVE ANGIO	0	32	32	21	11		
VASCULAR	0	13	13	9	4		
TOTAL	0	139	139	124	15		

TRINITAS REGIONAL MEDICAL CENTER
2016 BUDGET COMPARATIVE
OUTPATIENT STATISTICS

	YTD-MAR ACTUAL	YTD-MAR BUDGET	YTD-MAR VARIANCE	2015 ACTUAL TOTAL	2016-2015 VARIANCE
EMERGENCY ROOM					
NEWPOINT-PSYCH O/P VISITS	419	536	(117)	522	(103)
WILLIAMSON O/P VISITS	15,088	15,097	(9)	14,829	259
TOTAL O/P	15,507	15,633	(126)	15,351	156
NEWPOINT ADMISSIONS	443	421	22	431	12
WILLIAMSON ADMISSIONS	2,104	2,212	(108)	2,193	(89)
TOTAL ADMISSIONS	2,547	2,633	(86)	2,624	(77)
% Total ADMISSIONS FROM ER	61.40%	61.87%		62.57%	
TOTAL EMERGENCY ROOM VISITS	18,054	18,266	(212)	17,975	79
OBSERVATION					
WSC OBSERVATON CASES	390	361	29	276	114
NPC OBSERVATON CASES	82	87	(5)	59	23
TOTAL OBSERVATION	472	448	24	335	137
CLINICS					
ALCOHOL CLINIC	9,266	11,389	(2,123)	9,886	(620)
PSYCH PARTIAL HOSP ADULT FEE	601	991	(390)	862	(261)
PSYCH PARTIAL HOSP ADULT CHG	425	454	(29)	519	(94)
PSYCH PARTIAL HOSPITAL ADOL	572	817	(245)	523	49
O/P PSYCH VISITS ADULT FEE	2,736	3,056	(320)	2,290	446
O/P PSYCH VISITS ADULT CHG	10,002	7,892	2,110	8,328	1,674
O/P PSYCH VISITS ADOLESCENT	30,594	37,828	(7,234)	34,152	(3,558)
TOTAL PSYCH CLINICS (1)	54,196	62,427	(8,231)	56,560	(2,364)
D.B.HERSH CLINIC	2,284	2,146	138	2,125	159
PEDIATRIC HEALTH CENTER	2,279	2,179	100	2,228	51
WOMENS HEALTH CENTER	5,639	5,545	94	5,557	82
WOUND HEALING CENTER	1,166	1,009	157	1,006	160
MEDICAL CLINIC (EID)	375	413	(38)	397	(22)
TOTAL MEDICAL CLINICS	11,743	11,292	451	11,313	430
TOTAL CLINICS	65,939	73,719	(7,780)	67,873	(1,934)
CANCER CENTER					
OFFICE VISITS	1,997	1,887	110	1,880	117
INFUSION TREATMENTS	2,183	2,189	(6)	2,243	(60)
RADIATION TREATMENTS	1,224	1,534	(310)	1,420	(196)
CANCER CENTER TOTAL(1)	5,404	5,610	(206)	5,543	(139)
PRIVATE AMBULATORY					
SLEEP CENTER	317	239	78	276	41
OTHER PRIVATE REFFERRED (2)	14,160	13,730	430	13,675	485
TOTAL PRIVATE AMBULATORY	14,477	13,969	508	13,951	526
O/P RENAL TREATMENTS					
O/P HEMODIALYSIS	4,629	5,015	(386)	4,953	(324)
HOME DIALYSIS	0	0	0	0	0
LINDEN SATELLITE	3,125	2,856	269	2,853	272
TOTAL RENAL TREATMENTS	7,754	7,871	(117)	7,806	(52)
MICU RUNS	914	835	79	848	66
AMBULANCE RUNS	1,383	1,446	(63)	1,271	112
TOTAL O/P VISITS (INCLUDING SDS)	113,252	120,837	(7,585)	114,259	(1,007)
CARDIAC CATH LAB O/P					
CARDIAC CATHS (3)	148	116	32		
EMERGENCY ANGIOPLASTY	19	12	7		
ELECTIVE ANGIOPLASTY	33	39	(6)		
VASCULAR CASES	10	3	7		
TOTAL	210	170	40		

(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=154 & 374
O/P ENDOSCOPY (MONTH & YTD): ACTUAL=364 & 1081
HYPERBARIC (MONTH & YTD): ACTUAL=31 & 72

(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)

		March 2016
Funds Available for Debt Service		
Net increase in unrestricted net assets	$	9,436,147
Reconciling items:		
Depreciation and amortization		11,427,487
Interest		6,756,979
Net assets released from restrictions used for purchase of property and equipment		(3,048,913)
Gain on sale of building		(1,655,460)
Change in fair value of interest rate swaps		113,690
Change in net unrealized gains and losses on investments other than trading securities		4,525,505
Total	$	27,555,435
Maximum annual debt service	$	13,728,338
Actual ratio		2.01
Required ratio		1.25

Trinitas Regional Medical Center Obligated Group

Cushion Ratio Calculation Certificate

(Twelve Month Rolling Average)

		March 2016
Cushion Ratio		
Cash and investments	$	149,076,294
Internally designated funds		90,518,030
Total		239,594,323
Maximum Annual Debt Service		
Series 2007A, 2007B, and 2006 bonds payable	$	12,373,838
Notes payable		1,354,500
Total Maximum Annual Debt Service	$	13,728,338
Cushion ratio		17.45
Required ratio		1.25